

US

ANNUAL STATEMENT

For the Year Ended December 31, 2019 of the Condition and Affairs of the

USAble Mutual Insurance Company

0 0			J
NAIC Group Code 876, 876 (Current Period) (Prior Pe		C Company Code 83470	Employer's ID Number 71-0226428
Organized under the Laws of Arkansas	State	e of Domicile or Port of Entry Arkansas	Country of Domicile US
Licensed as Business Type Life, Accide	ent & Health	Is HMO Federally Qualified? Yes	s[] No[]
Incorporated/Organized December 1	0, 1948	Commenced Business March 2,	1949
Statutory Home Office	601 S. Gaines Little (Street and Number)	e Rock AR US 72201 (City or Town, State, Country and Zip Code)	
Main Administrative Office	601 S. Gaines Little (Street and Number)	e Rock AR US 72201 (City or Town, State, Country and Zip Code)	501-378-2000 (Area Code) (Telephone Number)
Mail Address	601 S. Gaines Little (Street and Number or P.	e Rock AR US 72201 O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	601 S. Gaines Little (Street and Number)	e Rock AR US 72201 (City or Town, State, Country and Zip Code)	501-378-2000 (Area Code) (Telephone Number)
Internet Web Site Address	www.arkansasbluecr	oss.com	
Statutory Statement Contact	Scott Bradley Winter (Name)		501-399-3951 (Area Code) (Telephone Number) (Extension)
	sbwinter@arkbluecro	oss.com	501-378-3258
	(E-Mail Address)	OFFICERS	(Fax Number)
Name	Title	Name	Title
Curtis Edwin Barnett Gray Donald Dillard	President / CEO Treasurer / COO	Calvin Eugene Kellogg Timothy Gerard Gauger	EVP / Chief Strategy Officer Secretary
		OTHER	
Stephen William Abell Alicia Marie Berkemeyer James Daniel Bloodworth Brian Keith Dorathy # Maxine Arlene Greenwood # Harvey David Jacobson Mark Thomas Jansen # David Bryan Martin Odell Calvin Nickelberry # Kathleen O'Dea Ryan Philip Eugene Sherrill Joanna Maria Thomas Scott Bradley Winter		James Robert Bailey Judy Dawn Blevins Victor Pratt Davis Matthew Richard Flora Kimberly Ann Henderson Anthony Marcus James Wanda Denise King # Mary Alison Melson # Hal Jackson Norman Wendy Womack See Steven Aaron Spaulding Matthew Dennis Vannatta #	
·	DIREC	TORS OR TRUSTEES	
James Virgil Kelley Nobert Daniel Nabholz	Susan Glover Brittain Mahlon Ogden Maris MD Marla Kay Johnson Rex Moreland Terry	Robert Vincent Brothers Carla Marie Martin Ben Edwin Owens Paul Mark White	Mark William Greenway James Thomas May Robert Lee Shoptaw
State of Arkansas County of Pulaski			
stated above, all of the herein described asset herein stated, and that this statement, togethe of all the assets and liabilities and of the condi therefrom for the period ended, and have beer manual except to the extent that: (1) state law procedures, according to the best of their infor includes the related corresponding electronic f	s were the absolute properly with related exhibits, sche tion and affairs of the said representation completed in accordance may differ; or, (2) that state mation, knowledge and belifting with the NAIC, when re	y that they are the described officers of said reporting of the said reporting entity, free and clear from any dules and explanations therein contained, annexed eporting entity as of the reporting period stated above with the NAIC Annual Statement Instructions and Activates or regulations require differences in reporting left, respectively. Furthermore, the scope of this atterequired, that is an exact copy (except for formatting of gulators in lieu of or in addition to the enclosed states	liens or claims thereon, except as or referred to, is a full and true statement re, and of its income and deductions counting Practices and Procedures not related to accounting practices and station by the described officers also differences due to electronic filing) of the
(Signature)		(Signature)	(Signature)
Curtis Edwin Barnett		Calvin Eugene Kellogg	Gray Donald Dillard
1. (Printed Name)	F	2. (Printed Name)	3. (Printed Name)
President / CEO (Title)		EVP / Chief Strategy Officer (Title)	Treasurer / COO (Title)
Subscribed and sworn to before me		a. Is this an original filing?	Yes [X] No []

b. If no

1. State the amendment number

3. Number of pages attached

2. Date filed

2020

day of

Statement as of December 31, 2019 of the USAble Mutual Insurance Company **ASSETS**

	7100		Current Year		Prior Year
		1	2	3	4
			Nonadmitted	Net Admitted Assets	Net
	P. 1 (0.1.11.12)	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1. 2.	Bonds (Schedule D).	603,181,207		603,181,207	685,403,413
۷.	Stocks (Schedule D): 2.1 Preferred stocks			0	
	2.2 Common stocks.				226,494,090
2		433,400,701		433,400,701	220,494,090
3.	Mortgage loans on real estate (Schedule B): 3.1 First liens			0	
	3.2 Other than first liens			-	
4.	Real estate (Schedule A):				
4.	4.1 Properties occupied by the company (less \$0				
	encumbrances)	53,489,517		53,489,517	52,222,305
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$69,277,518, Schedule E-Part 1), cash equivalents (\$33,890,141, Schedule E-Part 2) and short-term investments (\$38,941,950, Schedule DA)				
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives (Schedule DB)			0	
8.	Other invested assets (Schedule BA)	199,448,182		199,448,182	201,004,379
9.	Receivables for securities			0	
10.	Securities lending reinvested collateral assets (Schedule DL)			0	
11.	Aggregate write-ins for invested assets	3,401,976	0	3,401,976	3,453,292
12.	Subtotals, cash and invested assets (Lines 1 to 11)	1,441,730,330	0	1,441,730,330	1,372,281,206
13.	Title plants less \$0 charged off (for Title insurers only)			0	
14.	Investment income due and accrued	4,922,882		4,922,882	5,195,883
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection			0	
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)			0	
40	15.3 Accrued retrospective premiums (\$136,578,671) and contracts subject to redetermination (\$(17,354,338))	119,224,333	2,580,156	116,644,178	139,134,883
16.		2 702 440		2 702 440	2 040 050
	16.1 Amounts recoverable from reinsurers 16.2 Funds held by or deposited with reinsured companies				
	·				
47	16.3 Other amounts receivable under reinsurance contracts	1			
	Amounts receivable relating to uninsured plans Current federal and foreign income tax recoverable and interest thereon	1			
18.1	-				
	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$34,182,499) and other amounts receivable	1			
25. 26.	Aggregate write-ins for other-than-invested assets Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)				
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28.	TOTAL (Lines 26 and 27)		150,112,327	1,852,076,538	1,747,304,961
1101	Deposits with National Accounts	9 401 976		3 401 076	3 453 202
	Deposits with National Accounts				
	Summary of remaining write-ins for Line 11 from overflow page				
	. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	Supplemental Savings Plan	1 1			
	Other Assets				
	Other Non-Admitted Assets		37,860,025	0	
<i>2</i> 598	. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	

Statement as of December 31, 2019 of the USAble Mutual Insurance Company LIABILITIES, CAPITAL AND SURPLUS Current Period

	LIABILITIES, CA	PITAL AND 3	Current Period		Prior Year
		1 Covered	2	3 Total	4
1	Claims unpaid (less \$6,601,678 reinsurance ceded)	Covered	Uncovered	Total	Total
1.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
3. 4.	Aggregate health policy reserves, including the liability of \$0 for			0,421,133	0,442,603
	medical loss ratio rebate per the Public Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued			440,130,669	396,842,462
	(including \$0 on realized capital gains (losses))				
10.2	Net deferred tax liability				
11.	·····				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	796,066		796,066	1,064,794
14.	Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)			0	
15.	Amounts due to parent, subsidiaries and affiliates	143,072		143,072	1,098,024
16.	Derivatives			0	
17.	Payable for securities				
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified (\$0) companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates			0	
22.	Liability for amounts held under uninsured plans	62,595,386		62,595,386	67,767,650
23.	Aggregate write-ins for other liabilities (including \$0 current)	21,808,485	0	21,808,485	21,971,594
24.	Total liabilities (Lines 1 to 23)	932,507,324	503,230	933,010,554	916,759,531
25.	Aggregate write-ins for special surplus funds	XXX	XXX	42,870,062	0
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)		XXX	876,195,921	830,545,432
32.	Less treasury stock at cost:				
	32.10.000 shares common (value included in Line 26 \$)				
	32.20.000 shares preferred (value included in Line 27 \$)				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)		Ï		
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,852,076,538	1,747,304,962
000		S OF WRITE-INS		40.00	/* */=
2301.	,				
2302. 2303.	Miscellaneous				
	Summary of remaining write-ins for Line 23 from overflow page				
	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)				
	2020 ACA Insurer Fee Estimate				
	2020 Y (S) C				
2598.	Summary of remaining write-ins for Line 25 from overflow page	xxx	XXX	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	42,870,062	0
3002.		XXX	XXX		
	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)			0	

Statement as of December 31, 2019 of the USAble Mutual Insurance Company STATEMENT OF REVENUE AND EXPENSES Current Year

		Currer	t Year 2	Prior Year 3	
		Uncovered	Total	Total	
1. Me	ember months	XXX	7,437,192	7,739,589	
2. Ne	et premium income (including \$0 non-health premium income)	XXX	2,389,476,420	2,481,886,532	
3. Ch	nange in unearned premium reserves and reserve for rate credits	XXX	5,523,215	(1,660,432)	
4. Fe	ee-for-service (net of \$0 medical expenses)	XXX			
5. Ris	sk revenue	XXX			
6. Ag	ggregate write-ins for other health care related revenues	XXX	0	0	
7. Ag	gregate write-ins for other non-health revenues	XXX	0	0	
8. To	otal revenues (Lines 2 to 7)	XXX	2,394,999,635	2,480,226,100	
Hospital	and Medical:				
9. Ho	ospital/medical benefits		1,148,868,460	1,116,050,358	
10. Ot	her professional services		47,267,129	41,283,042	
11. Ou	utside referrals		23,931,174	28,141,302	
12. En	nergency room and out-of-area		216,328,642	250,371,934	
13. Pro	escription drugs		464,236,277	504,926,292	
14. Ag	gregate write-ins for other hospital and medical	0	0	0	
15. Inc	centive pool, withhold adjustments and bonus amounts		18,776,311	15,240,454	
	ubtotal (Lines 9 to 15)				
Less:	,		, , ,	, , ,	
17. Ne	et reinsurance recoveries		(39.739.145)	(53.081.641)	
	otal hospital and medical (Lines 16 minus 17)				
	on-health claims (net)				
	aims adjustment expenses, including \$19,436,256 cost containment expenses				
	eneral administrative expenses			388,768,746	
	crease in reserves for life and accident and health contracts including \$0		201,001,000		
	crease in reserves for life only)			(2,161,932)	
	otal underwriting deductions (Lines 18 through 22)				
	et underwriting gain or (loss) (Lines 8 minus 23)				
	et investment income earned (Exhibit of Net Investment Income, Line 17)			24,459,334	
26. Ne	et realized capital gains or (losses) less capital gains tax of \$(561,815)		(1,736,131)	11,987,775	
	et investment gains or (losses) (Lines 25 plus 26)			36,447,109	
	et gain or (loss) from agents' or premium balances charged off [(amount recovered0) (amount charged off \$0)]				
29. Ag	ggregate write-ins for other income or expenses	0	1,616,807	2,646,386	
	et income or (loss) after capital gains tax and before all other federal income taxes ines 24 plus 27 plus 28 plus 29)	XXX	112,624,858	25,620,883	
31. Fe	ederal and foreign income taxes incurred	XXX	28,079,273	46,951,312	
32. Ne	et income (loss) (Lines 30 minus 31)	XXX	84,545,585	(21,330,429)	
<u> </u>	DETAILS OF WRITE	-INS			
	ummary of remaining write-ins for Line 6 from overflow pagetals (Lines 0601 through 0603 plus 0698) (Line 6 above)			0	
	tals (Lines 6001 through 6005 plus 6050) (Line 6 above).				
0703		XXX			
	ummary of remaining write-ins for Line 7 from overflow page				
	tals (Lines 0701 through 0703 plus 0798) (Line 7 above)				
-					
	ummary of remaining write-ins for Line 14 from overflow page				
	otals (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901. Mi	scellaneous Income/Expense		1,624,277	2,647,320	
	ate Tax Expense		(7,470)	(934)	
	ummary of remaining write-ins for Line 29 from overflow page				
∠999. Io	otals (Lines 2901 through 2903 plus 2998) (Line 29 above)	<u> </u> 0	1,616,807	2,646,386	

Statement as of December 31, 2019 of the USAble Mutual Insurance Company

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EXPENSES	(Continued)	-
	CADITAL AND CURRING ACCOUNT	1 0::::::::::::::::::::::::::::::::::::	2
<u> </u>	CAPITAL AND SURPLUS ACCOUNT	Current Year	Prior Year
33.			
34.	Net income or (loss) from Line 32	84,545,585	(21,330,429)
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains and (losses) less capital gains tax of \$0.	5,948,346	(4,676,050)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	9,994,070	32,981,317
39.	Change in nonadmitted assets	(12,712,258)	(43,449,469)
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes.		
43.	Cumulative effect of changes in accounting principles.		
44.	Capital changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus.	744,809	683,521
48.	Net change in capital and surplus (Lines 34 to 47)	88,520,552	(35,791,110)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	919,065,986	830,545,434
	DETAILS OF WRITE-INS		
4701.	Capital Lease Adjustment	744,809	683,521
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	744,809	683,521

Statement as of December 31, 2019 of the USAble Mutual Insurance Company

CASH FLOW

1	2
Current Year	Prior Year
2,411,049,838	2,515,736,677
51,001,552	28,290,967
2,462,051,389	2,544,027,644
1,993,320,781	2,027,350,048
352,024,786	328,315,823
38,715,586	49,894,072
2,384,061,153	2,405,559,944
77,990,236	138,467,700
117,709,308	366,201,225
18,796,269	40,682,671
1,753,965	1,772,324
1,895	(23,687
51,316	63,075
138,312,754	408,695,608
161,816,517	456,744,356
86,374,783	3,143,066
7,670,094	9,321,980
1,646,845	65,509,733
257,508,239	534,719,135
(119,195,485)	(126,023,527
(13,573,023)	4,165,150
	, ,
(54.778 273)	16,609,323
196.887 881	180.278.558
142,109,608	

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001

1399. Total (Lines 1301 through 1303 plus 1398) (Line 13 above)...

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		/ 11 1/ 12			.	O. DOO!!!					
		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plans	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	2,389,476,420	1,667,240,042	262,533,844	(84,485)	8,400,813	287,744,539	128,398,158	iviculcalu	35.243.508	Non-Health
2.	Change in unearned premium reserves and reserve for rate credit	5,523,215	9,562	4,354,774	85.602	0,400,013	1,066,340	120,390,130		6,937	
3.	Fee-for-service (net of \$0 medical expenses)			4,354,774	05,002		1,000,340			0,937	XXX
3. 4	Risk revenue	0									XXX
4. 5.	Aggregate write-ins for other health care related revenues.	0	0	0	0	0	0	0	0	0	XXX
5. 6.	Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	Total revenues (Lines 1 to 6)	2,394,999,635	1,667,249,604	266,888,618	1,118	8,400,813	288,810,879	128,398,158	0	35,250,446	٥٥
8.	Hospital/medical benefits	1,148,868,460	681,059,015	221,050,377	52,992	0,400,013	175,471,417	69,475,666	3,097	1,755,896	XXX
9.	Other professional services.	47,267,129	28,389	99,165	36,611,577	6.777.064	3,613,167	03,473,000		137,767	XXX
9. 10.	Outside referrals	23,931,174	23,908,873	99,100		0,777,004				22,301	XXX
11.		216,328,642	213,039,797	(343,644)				3,440,849	6.941	184,699	XXX
12.	9 ,	464,236,277	348,781,533	11,660			81.495.148	12,542,741		21,404,863	XXX
		404,230,277	0	11,000	0		01,495,146		0		XXX
13. 14.		18.776.311	14,986,341]U	U	0	1,075,680	956,006	0	1.758.285	XXX
	Incentive pool, withhold adjustments and bonus amounts	1,919,407,994	1,281,803,948	220,817,558	36.664.569	6.777.064	261,655,412	86,415,262	10.371	25,263,810	XXX
15.		(39,739,145)		220,817,558	36,664,569	0,777,064	201,000,412	(21,739,907)	10,371		
16.				000 047 550		0.777.004	004.055.440		40.074	(234,681)	XXX
	Total hospital and medical (Lines 15 minus 16)	1,959,147,139	1,336,233,073	220,817,558	0	6,777,064 XXX	261,655,412 XXX	108,155,169	10,371	25,498,492	XXX
	Non-health claims (net)	0			XXX			XXX	XXX	XXX	
19.	, , , , , , , , , , , , , , , , , , , ,	106,383,276	51,388,578	7,794,036	347,140	139,886	10,579,469	5,776,157		30,358,010	
20.		264,507,096	172,539,597	35,344,111	7,054,003	2,174,547	15,132,104	16,249,222		16,013,512	
21.		0									XXX
22.	<u>-</u>	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)	2,330,037,511	1,560,161,248	263,955,705	7,401,143	9,091,497	287,366,985	130,180,548	10,371	71,870,014	0
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	64,962,124	107,088,356	2,932,913	(7,400,025)	(690,684)	1,443,894	(1,782,390)	(10,371)	(36,619,568)	0
			1	DETAILS OF	WRITE-INS		I				
		0									XXX
0502		0									XXX
0503		0									XXX
	. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
	. Total (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698	. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699	. Total (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301		0									XXX
1302		0									XXX
1303		0									XXX
1398	. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
	T	_			I _		_	_	_		

PART 1 - PREMIUMS

FART I - FREINIONIS	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
Comprehensive (hospital and medical)	1,597,407,712	69,832,330		1,667,240,042
2. Medicare Supplement				262,533,844
3. Dental only	51,651,042		51,735,527	(84,485)
4. Vision only				8,400,813
Federal Employees Health Benefits Plan				287,744,539
6. Title XVIII - Medicare	103,345,935	25,052,222		128,398,158
7. Title XIX - Medicaid				0
8. Other health	35,701,701		458,192	35,243,508
9. Health subtotal (Lines 1 through 8)	2,346,785,587	94,884,553	52,193,720	2,389,476,420
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	2,346,785,587	94,884,553	52,193,720	2,389,476,420

PART 2 - CLAIMS INCURRED DURING THE YEAR

				UKKED DUKING						
	1 Total	2 Comprehensive (Hospital and Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
Payments during the year:	Total	and Medical)	Supplement	Offily	Offity	Dellellis Flair	Medicale	Medicald	Health	NOII-I lealui
1.1 Direct	1,919,392,001	1,299,479,803	210,830,107	36,611,577	6,777,064	253,796,348	90,160,998		21,736,104	
1.2 Reinsurance assumed.		54.671.172	210,000,107		0,777,004	200,7 50,540	21,715,127		3,732,345	
1.3 Reinsurance ceded.	37,069,605	322,376		36,591,663			21,710,127		155,566	
1.4 Net	1,962,441,040	1,353,828,599	210,830,107	19,914	6,777,064	253,796,348	111,876,125	0	25,312,883	0
Paid medical incentive pools and bonuses	22,450,586	16,767,865	1,682,326	6,175	,0,777,004	230,730,540	2,234,053		1,760,167	
Claim liability December 31, current year from Part 2A:		10,707,003	1,002,020	,170			2,204,000		1,700,107	
3.1 Direct	190,173,226	115,172,914	30,423,265	1,350,992		24.093.553	9,119,932		10,012,570	
3.2 Reinsurance assumed	7,323,012	5,314,111	00,420,200	1,000,002		24,000,000	2,328,457		(319,556)	
3.3 Reinsurance ceded	6,601,676	(2)		1,350,992			2,020,407		5.250.686	
3.4 Net.	190,894,562	120,487,027	30,423,265	1,330,332	0	24,093,553	11,448,389	0	4,442,328	0
Claim reserve December 31, current year from Part 2D:	100,004,002	120,407,027	00,420,200			24,000,000	11,440,000		,472,020	
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded.	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5 A		2,182,266					505,921		1,270	
Accrued medical incentive pools and bonuses, current year Net healthcare receivables (a)	12,637,042	9,290,510	(39,186)			(288,780)	681,103		2,993,395	
Amounts recoverable from reinsurers December 31, current year	3.703.147		(00,100)	3.689.949		(200,700)			13.198	
Claim liability December 31, prior year from Part 2A:				,000,040					10,100	
8.1 Direct	196,296,502	138,544,601	20.475.000	1,298,000		17.598.948	13,130,199		5,249,754	
8.2 Reinsurance assumed	10,479,628	5.445.000	20, 17 0,000				2,303,677		2,730,951	
8.3 Reinsurance ceded	6,239,294	(2)		1,298,000			2,000,011		4,941,296	
8.4 Net	200,536,836	143.989.603	20,475,000	0	0	17.598.948	15,433,876	0	3.039.409	0
Claim reserve December 31, prior year from Part 2D:									,555,155	
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	6,363,732	5,652,291			•		708,288		3,153	
11. Amounts recoverable from reinsurers December 31, prior year	3.912.250	211,218		3.670.035					30.997	
12. Incurred benefits:		,10		,,						
12.1 Direct	1,900,631,683	1,266,817,606	220,817,558	36,664,569	6,777,064	260,579,733	85,469,628	0	23,505,525	0
12.2 Reinsurance assumed	76,962,028	54,540,283	0	0	0	0	21,739,907	0	681,838	0
12.3 Reinsurance ceded	37,222,884	111,158	0	36,664,569	0	0	0	0	447,157	0
12.4 Net	1,940,370,827	1,321,246,731	220,817,558	0	6,777,064	260,579,733	107,209,535	0	23,740,206	0
13. Incurred medical incentive pools and bonuses	18,776,311	13,297,840	1,682,326	6,175	0	0	2,031,686	0	1,758,284	0

⁽a) Excludes \$.......0 loans or advances to providers not yet expensed.

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

			174111 271 927411	IO LIADILITI LIND	0. 00 <u></u>	- / t				
	1	2	3	4	5	6 Federal	7	8	9	10
	Total	Comprehensive (Medical and Hospital)	Medicare Supplement	Dental Only	Vision Only	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
Reported in process of adjustment:										
1.1 Direct		23,165,081	9,423,265			3,012,457	(1,644,492)		4,365,268	
1.2 Reinsurance assumed	319,555								319,555	
1.3 Reinsurance ceded									\$	
1.4 Net		23,165,081	9,423,265	0	0	3,012,457	(1,644,492)	0	4,684,823	0
Incurred but unreported:										
2.1 Direct	151,851,647	92,007,833	21,000,000	1,350,992		21,081,096	10,764,424		5,647,302	
2.2 Reinsurance assumed		5,314,111					2,328,457		(639,111)	
2.3 Reinsurance ceded	6,601,676	(2)		1,350,992					5,250,686	
2.4 Net	152,253,428	97,321,946	21,000,000	0	0	21,081,096	13,092,881	0	(242,495)	0
3. Amounts withheld from paid claims and capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. Totals:										
4.1 Direct	190,173,226	115,172,914	30,423,265	1,350,992	0	24,093,553	9,119,932	0	10,012,570	0
4.2 Reinsurance assumed		5,314,111	0	0		0	2,328,457	0	(319,556)	0
4.3 Reinsurance ceded	6,601,676	(2)	0	1,350,992	0	0	0	0	5,250,686	0
4.4 Net		120,487,027		0	0	24,093,553	11,448,389	0	4,442,328	0

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

		Claims During th		Claim Reserve a		5	6 Estimated Claim	
	Line of Business	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Reserve and Claim Liability December 31 of Prior Year	
Comprehensive (hospital and r	nedical)	138,865,991	1,238,491,257	(7,240,604)	126,376,639	131,625,387	141,784,934	
Medicare Supplement		17,560,701	193,269,406	176,164	30,247,101	17,736,865	20,475,000	
3. Dental only		1,106,103	35,505,474	7,350	1,343,642	1,113,453	1,298,000	
4. Vision only			6,777,064			0		
5. Federal Employees Health Ber	nefits Plan	18,943,713	234,852,635	280,049	23,813,503	19,223,762	17,598,949	
6. Title XVIII - Medicare		12,614,693	77,546,305	133,650	11,314,739	12,748,343	13,130,199	
7. Title XIX - Medicaid						0		
8. Other health			21,636,106	2,051	4,440,277	102,049	6,249,754	
9. Health subtotal (Lines 1 to 8)			1,808,078,247	(6,641,340)	197,535,901	182,549,859	200,536,836	
10. Healthcare receivables (a)			47,256,344			0		
11. Other non-health						0		
12. Medical incentive pools and bo	nus amounts	6,431,181	16,019,406		2,689,457	6,431,181	6,363,732	
13. Totals (Lines 9 - 10 + 11 + 12).		195,622,380	1,776,841,309	(6,641,340)	200,225,358	188,981,040	206,900,568	

⁽a) Excludes \$......0 loans or advances to providers not yet expensed.

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PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(000 Omitted)

SECTION A - PAID HEALTH CLAIMS - GRAND TOTAL

	· · · · · · · · · · · · · · · · · · ·								
	Cumulative Net Amounts Paid								
Year in Which Losses	1	2	3	4	5				
Were Incurred	2015	2016	2017	2018	2019				
1. Prior	1,642,051	1,643,251	1,643,251	1,643,251	1,643,251				
2. 2015	1,773,046	1,936,903	1,936,976	1,936,976	1,936,976				
3. 2016	XXX	1,990,751	2,177,784	2,179,408	2,179,408				
4. 2017	XXX	XXX	2,081,794	2,248,371	2,247,198				
5. 2018	XXX	XXX	XXX	1,885,196	2,075,561				
6. 2019	XXX	XXX	XXX	XXX	1,808,078				

SECTION B - INCURRED HEALTH CLAIMS - GRAND TOTAL

		Sum of Cum	ulative Net Amount Paid and Claim Lia	bility, Claim Reserve and Medical Ince	ntive Pool and Bonuses Outstanding at	End of Year
_	Year in Which Losses	1	2	3	4	5
12	Were Incurred	2015	2016	2017	2018	2019
ດ	. Prior	1,642,882	1,643,251	1,643,251	1,643,251	1,643,251
$ \vec{-} _2$. 2015	1,986,671	1,938,346	1,936,976	1,936,976	1,936,976
3	. 2016	XXX	2,239,338	2,177,858	2,179,408	2,179,408
4	. 2017	XXX	XXX	2,305,891	2,250,379	2,247,198
5	. 2018	XXX	XXX	XXX	2,083,985	2,065,998
6	2019	XXX	XXX	XXX	XXX	2,005,614

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - GRAND TOTAL

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expense	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015	2,243,936	1,936,976	54,432	2.8	1,991,408	88.7			1,991,408	88.7
2. 2016	2,496,570	2,179,408	71,503	3.3	2,250,911	90.2			2,250,911	90.2
3. 2017	2,499,962	2,247,198	71,585	3.2	2,318,783	92.8			2,318,783	92.8
4. 2018	2,481,726	2,075,561	79,357	3.8	2,154,918	86.8	(6,642)	(217)	2,148,059	86.6
5. 2019	2,389,561	1,810,070	78,612	4.3	1,888,682	79.0	200,227	6,638	2,095,547	87.7

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - HOSPITAL AND MEDICAL

	Cumulative Net Amounts Paid							
Year in Which Losses	1	2	3	4	5			
Were Incurred	2015	2016	2017	2018	2019			
1. Prior	106,658	107,314	107,314	107,314	107,314			
2. 2015	1,217,874	1,331,641	1,331,554	1,331,554	1,331,554			
3. 2016	XXX	1,413,777	1,548,274	1,549,824	1,549,824			
4. 2017	XXX	XXX	1,490,216	1,605,241	1,603,900			
5. 2018	XXX	XXX	XXX	1,308,355	1,448,562			
6. 2019	XXX	XXX	XXX	XXX	1,238,491			

SECTION B - INCURRED HEALTH CLAIMS - HOSPITAL AND MEDICAL

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year						
	Year in Which Losses	1	2	3	4	5		
1 2	Were Incurred	2015	2016	2017	2018	2019		
=	1. Prior	1,046,717	1,046,978	1,046,978	1,046,978	1,046,978		
$ \mathbf{z} _2$	2. 2015	1,367,547	1,332,239	1,331,554	1,331,554	1,331,554		
3	3. 2016	XXX	1,598,910	1,548,375	1,549,824	1,549,824		
4	4. 2017	XXX	XXX	1,651,483	1,607,102	1,603,900		
į	5. 2018	XXX	XXX	XXX	1,448,921	1,438,761		
6	5. 2019	XXX	XXX	xxx	XXX	1,376,783		

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - HOSPITAL AND MEDICAL

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015	1,551,103	1,331,554	33,352	2.5	1,364,906	88.0			1,364,906	88.0
2. 2016	1,771,012	1,549,824	44,540	2.9	1,594,364	90.0			1,594,364	90.0
3. 2017	1,789,027	1,603,900	45,378	2.8	1,649,278	92.2			1,649,278	92.2
4. 2018	1,748,133	1,448,562	51,190	3.5	1,499,752	85.8	(7,241)	(263)	1,492,248	85.4
5. 2019	1,667,240	1,238,491	51,389	4.1	1,289,880	77.4	128,559	4,667	1,423,106	85.4

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - MEDICARE SUPPLEMENT

	Cumulative Net Amounts Paid							
Year in Which Losses	1	2	3	4	5			
Were Incurred	2015	2016	2017	2018	2019			
1. Prior	16,722	16,792	16,792	16,792	16,792			
2. 2015	174,957	191,943	191,957	191,957	191,957			
3. 2016	XXX	181,611	200,791	200,660	200,660			
4. 2017	XXX	XXX	191,173	208,672	208,659			
5. 2018	XXX	XXX	XXX	195,683	213,257			
6. 2019	XXX	XXX	XXX	XXX	193,269			

SECTION B - INCURRED HEALTH CLAIMS - MEDICARE SUPPLEMENT

		Sum of Cumu	lative Net Amount Paid and Claim Lia	bility, Claim Reserve and Medical Ince	ntive Pool and Bonuses Outstanding a	t End of Year
	Year in Which Losses	1	2	3	4	5
<u> 1</u> 2	Were Incurred	2015	2016	2017	2018	2019
. <u>M</u> 1	Prior		182,087	182,087	182,087	182,087
<u>ග</u> ්	2015	195,220	192,059	191,957	191,957	191,957
3	2016	XXX	202,376	200,772	200,660	200,660
4	. 2017	XXX	XXX	211,439	208,617	208,659
5	2018	XXX	XXX	XXX	216,053	213,315
6	2019	XXX	XXX	XXX	XXX	214,093

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - MEDICARE SUPPLEMENT

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015	245,069	191,957	7,430	3.9	199,387	81.4			199,387	81.4
2. 2016	247,867	200,660	7,779	3.9	208,439	84.1			208,439	84.1
3. 2017	257,379	208,659	7,108	3.4	215,767	83.8			215,767	83.8
4. 2018	264,659	213,257	8,909	4.2	222,166	83.9	176	4	222,346	84.0
5. 2019	262,534	193,269	7,794	4.0	201,063	76.6	30,247	773	232,083	88.4

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - DENTAL ONLY

	Cumulative Net Amounts Paid							
Year in Which Losses	1	2	3	4	5			
Were Incurred	2015	2016	2017	2018	2019			
1. Prior	1,660	1,670	1,670	1,670	1,670			
2. 2015	29,953	31,769	31,784	31,784	31,784			
3. 2016	XXX	31,221	32,790	32,805	32,805			
4. 2017	XXX	XXX	33,510	34,815	34,815			
5. 2018	XXX	XXX	XXX	33,204	34,310			
6. 2019	XXX	XXX	XXX	XXX	35,506			

SECTION B - INCURRED HEALTH CLAIMS - DENTAL ONLY

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year						
	Year in Which Losses	1	2	3	4	5		
12	Were Incurred	2015	2016	2017	2018	2019		
U	. Prior	28,972	28,975	28,975	28,975	28,975		
0 2	2015	31,888	31,786	31,784	31,784	31,784		
3	3. 2016	XXX	33,343	32,801	32,805	32,805		
4	2017	XXX	XXX	35,044	34,830	34,815		
5	i. 2018	XXX	XXX	xxx	34,494	34,309		
6	3. 2019	XXX	XXX	XXX	XXX	36,849		

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - DENTAL ONLY

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015		31,784		0.0	31,784	0.0			31,784	0.0
2. 2016		32,805		0.0	32,805	0.0			32,805	0.0
3 2017		34.815		0.0	34.815	0.0			34.815	0.0
4. 2018	***************************************	34,310		0.0	34,310	0.0	7		34,317	0.0
		,			,				1	
5. 2019		35,506	347	1.0	35,853	0.0	1,344		37,197	0.0

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - VISION ONLY

	Cumulative Net Amounts Paid							
Year in Which Losses	1	2	3	4	5			
Were Incurred	2015	2016	2017	2018	2019			
1. Prior								
2. 2015	2,161	2,161	2,161	2,161	2,161			
3. 2016	XXX	2,463	2,463	2,463	2,463			
4. 2017	XXX	XXX	3,814	3,814	3,814			
5. 2018	XXX	XXX	XXX	4,213	4,213			
6. 2019	XXX	XXX	XXX	XXX	6,777			

SECTION B - INCURRED HEALTH CLAIMS - VISION ONLY

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year						
_	Year in Which Losses	1	2	3	4	5		
12	Were Incurred	2015	2016	2017	2018	2019		
1.	Prior	15,330	1,533	1,533	1,533	1,533		
O 2.	2015	2,199	2,161	2,161	2,161	2,161		
3.	2016	XXX	2,503	2,463	2,463	2,463		
4.	2017	XXX	XXX	3,860	3,814			
5.	2018	XXX	XXX	XXX	4,213	4,213		
6.	2019	XXX	XXX	XXX	xxx	6,777		

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - VISION ONLY

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015	2,868	2,161		0.0	2,161	75.3			2,161	75.3
2. 2016	3,563	2,463		0.0	2,463	69.1			2,463	69.1
3 2017	5,708	,		0.0	3.814	66.8			3.814	66.8
4. 2018	6,700	4,213		0.0	4.213	62.9			4.213	62.9
5. 2019	8,401	*	140	2.1	6.917	82.3				82.3

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

	Cumulative Net Amounts Paid								
Year in Which Losses	1	2	3	4	5				
Were Incurred	2015	2016	2017	2018	2019				
1. Prior	14,751	14,783	14,783	14,783	14,783				
2. 2015	205,028	221,246	221,301	221,301	221,301				
3. 2016	XXX	215,198	230,677	230,679	230,679				
4. 2017	XXX	XXX	219,381	235,519	235,537				
5. 2018	XXX	XXX	XXX	217,593	236,519				
6. 2019	XXX	XXX	XXX	XXX	234,853				

SECTION B - INCURRED HEALTH CLAIMS - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

		ntive Pool and Bonuses Outstanding a	t End of Year			
	Year in Which Losses	1	2	3	4	5
12	Were Incurred	2015	2016	2017	2018	2019
Ξ	1. Prior	216,259	216,248	216,248	216,248	216,248
Ш	2. 2015	222,444	221,330	221,301	221,301	221,301
	3. 2016	XXX	235,118	230,776	230,679	230,679
	4. 2017	XXX	XXX	236,267	235,514	235,537
	5. 2018	XXX	XXX	XXX	234,982	236,607
	6. 2019	XXX	XXX	XXX	XXX	255,654

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - FEDERAL EMPLOYEES HEALTH BENEFITS PLAN PREMIUM

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
	Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
	Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
	. 2015	252,247	221,301	5,931	2.7	227,232	90.1			227,232	90.1
2	2016	275,089	230,679	8,988	3.9	239,667	87.1			239,667	87.1
3	3. 2017	256,173	235,537	9,422	4.0	244,959	95.6			244,959	95.6
4	. 2018	266,136	236,519	9,836	4.2	246,355	92.6	280	9	246,644	92.7
Ę	i. 2019	287,745		10,579	4.5	245,432	85.3	23,814	760	270,006	93.8

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XVIII - MEDICARE

	Cumulative Net Amounts Paid							
Year in Which Losses	1	2	3	4	5			
Were Incurred	2015	2016	2017	2018	2019			
1. Prior	14,003	14,430	14,430	14,430	14,430			
2. 2015	111,997	126,919	126,993	126,993	126,993			
3. 2016	XXX	114,797	131,015	131,198	131,198			
4. 2017	XXX	XXX	111,279	127,474	127,598			
5. 2018	XXX	XXX	XXX	96,992	109,482			
6. 2019	XXX	XXX	XXX	XXX	77.546			

SECTION B - INCURRED HEALTH CLAIMS - TITLE XVIII - MEDICARE

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End								
_	Year in Which Losses	1	2	3	4	5			
2	Were Incurred	2015	2016	2017	2018	2019			
X 1.	Prior								
< _{2.}	2015	129,407	127,340	126,993	126,993	126,993			
3.	2016	XXX	131,148	131,046	131,198	131,198			
4.	2017	XXX	XXX	128,103	127,657	127,598			
5.	2018	XXX	XXX	XXX	109,970	109,588			
6.	2019	XXX	XXX	XXX	XXX	88,177			

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XVIII - MEDICARE

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Wh	ch				Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Ea	rned and Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Inc	curred Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015	147,727	126,993	6,550	5.2	133,543	90.4			133,543	90.4
2. 2016	154,146	131,198	7,115	5.4	138,313	89.7			138,313	89.7
3. 2017	148.744	127,598	6,272	4.9	133,870	90.0			133,870	90.0
4. 2018	161,254	109,482	6,582	6.0	116,064	72.0	134	5	116,203	72.1
5. 2019	128,398	77,546	5,776	7.4	83,322	64.9	11,821	451	95,594	74.5

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - TITLE XIX - MEDICAID

		Cumulative Net Amounts Paid							
Year in Which Losses Were Incurred	NANI	2 2016	3 2017	4 2018	5 2019				
1. Prior	INUINE	2010	2017	2010	2019				
2. 2015.									
3. 2016	XXX								
4. 2017	XXX	XXX							
5. 2018	XXX	XXX	XXX						
6. 2019	XXX	XXX	XXX	XXX					

SECTION B - INCURRED HEALTH CLAIMS - TITLE XIX - MEDICAID

Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outs									
	Year in Which Losses	1	2	3	4	5			
\rightarrow	Were Incurred	2015	2016	2017	2018	2019			
2	1 Prior								
	2 2015.	N()N:							
	3. 2016								
	4. 2017	XXX	XXX						
	5. 2018	XXX	XXX	XXX					
	6. 2019	XXX	XXX	XXX	XXX				

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - TITLE XIX - MEDICAID

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)		(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015		0		0		0.0			0	0.0
2. 2016		0		0.0		0.0			0	0.0
3. 2017.		0		0.0	0	0.0			0	0.0
4. 2018		0		0.0	0	0.0			0	0.0
5. 2019		0		0.0	0	0.0			0	0.0

PART 2C - DEVELOPMENT OF PAID AND INCURRED CLAIMS

(\$000 Omitted)

SECTION A - PAID HEALTH CLAIMS - OTHER

	Cumulative Net Amounts Paid						
Year in Which Losses	1	2	3	4	5		
Were Incurred	2015	2016	2017	2018	2019		
1. Prior	104	110	110	110	110		
2. 2015	31,076	31,224	31,226	31,226	31,226		
3. 2016	XXX	31,684	31,774	31,779	31,779		
4. 2017	XXX	XXX	32,420	32,836	32,875		
5. 2018	XXX	XXX	XXX	29,156	29,218		
6. 2019	XXX	XXX	XXX	XXX	21,636		

SECTION B - INCURRED HEALTH CLAIMS - OTHER

		Sum of Cum	ulative Net Amount Paid and Claim Lia	bility, Claim Reserve and Medical Incentive	Pool and Bonuses Outstanding at End of	Year
_	Year in Which Losses	1	2	3	4	5
12	Were Incurred	2015	2016	2017	2018	2019
0	1. Prior	32,218	32,226	32,226	32,226	32,226
$\exists \mid z$	2. 2015	37,966	31,431	31,226	31,226	31,226
3	3. 2016	XXX	35,940	31,624	31,779	31,779
4	4. 2017	XXX	XXX	39,695	32,845	32,875
į	5. 2018	XXX	XXX	xxx	35,352	29,205
6	6. 2019	XXX	XXX	xxx	XXX	27,281

SECTION C - INCURRED YEAR HEALTH CLAIM AND CLAIM ADJUSTMENT EXPENSE RATIO - OTHER

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in Which					Adjustment			Unpaid Claim	Claims Adjustment	
Premiums were Earned and	Premiums	Claim	Claim Adjustment	Percent	Expense Payments	Percent	Claims	Adjustment	Expense Incurred	Percent
Claims were Incurred	Earned	Payments	Expense Payments	(Col. 3/2)	(Col. 2 + 3)	(Col. 5/1)	Unpaid	Expenses	(Col. 5 + 7 + 8)	(Col. 9/1)
1. 2015	44,922	31,226	1,169	3.7	32,395	72.1			32,395	72.1
2. 2016	44,893	31,779	3,081	9.7	34,860	77.7			34,860	77.7
3. 2017	42,931	32.875	3.405	10.4	36,280	84.5			36.280	84.5
4. 2018	34,844	29,218	2.840	9.7	32,058	92.0	2		32,060	92.0
5. 2019		21,636	2,587	12.0	24,223	68.7	4,442	15	28,680	81.4

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

		1	2	3	4	5	6	7	8	9
		Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. U	Jnearned premium reserves	708,965	6,646	702,320						
2. A	Additional policy reserves (a)	0								
3. R	Reserve for future contingent benefits	0								
4. R (i	Reserve for rate credits or experience rating refunds including \$0 for investment income)	125,322,586					125,322,586			
5. A	aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	
6. T	otals (gross)	126,031,551	6,646	702,320	0	0	125,322,586	0	0	
7. R	Reinsurance ceded	0								
8. T	otals (net) (Page 3, Line 4)	126,031,551	6,646	702,320	0	0	125,322,586	0	0	
9. P	Present value of amounts not yet due on claims	0								
10. R	Reserve for future contingent benefits	0								
11. A	Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	
12. T	otals (gross)	0	0	0	0	0	0	0	0	
ا <mark>کا</mark>	Reinsurance ceded	0								
14. T	otals (net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	
				DETAILS OF	WRITE-INS					
0501		0								
0502		0								
0503		0								
0598. S	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	
0599. T	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	
1101		0								
1102		0								
1103		0								
1198. S	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	
1199. T	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	

⁽a) Includes \$......0 premium deficiency reserve.

Statement as of December 31, 2019 of the USAble Mutual Insurance Company **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

7	General		
Expenses Expenses	Administrative Expenses	Investment Expenses	Total
1. Rent (\$9,436,042 for occupancy of own building)	6,686,311	9,436,042	17,355,165
2. Salaries, wages and other benefits	179,404,469		283,186,583
3. Commissions (less \$0 ceded plus \$0 assumed)	36,329,301		36,329,301
4. Legal fees and expenses	764,724		800,784
5. Certifications and accreditation fees			73,409
6. Auditing, actuarial and other consulting services	8,062,096		8,995,015
7. Traveling expenses	2,360,268		3,256,693
8. Marketing and advertising	3,687,109		3,730,102
9. Postage, express and telephone	7,416,758		12,261,224
10. Printing and office supplies	4,905,129		5,611,156
11. Occupancy, depreciation and amortization	4,372,734		5,444,639
12. Equipment	3,033,083		3,292,503
13. Cost or depreciation of EDP equipment and software	42,593,311		54,016,249
14. Outsourced services including EDP, claims, and other services	18,283,502	1,466,547	48,387,727
15. Boards, bureaus and association fees	4,618,172		4,979,685
16. Insurance, except on real estate	1,897,568		2,206,767
17. Collection and bank service charges	2,656,099		2,656,099
18. Group service and administration fees	4,601,795		37,151,587
19. Reimbursements by uninsured plans(2,023,602)	(184,986,635)		(287,408,094)
20. Reimbursements from fiscal intermediaries			1,238,909
21. Real estate expenses	5,361,841	699,780	6,940,127
22. Real estate taxes	422,787	17,757	536,237
23. Taxes, licenses and fees:			
23.1 State and local insurance taxes	105,530		122,894
23.2 State premium taxes	26,943,601		26,943,601
23.3 Regulatory authority licenses and fees	811,419		822,895
23.4 Payroll taxes	8,441,808		14,139,831
23.5 Other (excluding federal income and real estate taxes)	296,309		330,214
24. Investment expenses not included elsewhere			0
25. Aggregate write-ins for expenses	75,438,006	0	89,109,195
26. Total expenses incurred (Lines 1 to 25)	264,507,095	11,620,126	(a)382,510,497
27. Less expenses unpaid December 31, current year	440,130,669		446,551,822
28. Add expenses unpaid December 31, prior year	396,842,462		403,285,266
29. Amounts receivable relating to uninsured plans, prior year	974,137		974,137
30. Amounts receivable relating to uninsured plans, current year	8,378,546		8,378,546
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	228,623,297	11,620,126	346,648,350
DETAILS OF WRITE-INS		Т	
2501. Administrative Expenses Assumed(18,631)(18,631)	29,612,210		39,045,459
2502. Administrative Expenses Ceded	(5,269,960)		(2,797,567)
2503. HMOP ASA Agreement	(2,925,606)		(2,925,606)
2598. Summary of remaining write-ins for Line 25 from overflow page	54,021,362	0	55,786,909
		1	89,109,195

⁽a) Includes management fees of $\dots 0$ to affiliates and $\dots 0$ to non-affiliates.

Statement as of December 31, 2019 of the USAble Mutual Insurance Company **EXHIBIT OF NET INVESTMENT INCOME**

			1 Collected During Year		2 Earned During Year		
1.	U.S. government bonds.	(a)			4,345,799		
1.1	Bonds exempt from U.S. tax	٠,					
1.2	Other bonds (unaffiliated)	. ,			14,113,284		
1.3	Bonds of affiliates	` '					
2.1	Preferred stocks (unaffiliated)	` '					
2.11		. ,					
2.2	Common stocks (unaffiliated)				1,779,542		
2.21	Common stocks of affiliates				, ,		
3.	Mortgage loans						
4.	Real estate	. ,			10,356,400		
5.	Contract loans.	. ,					
6.	Cash, cash equivalents and short-term investments						
7.	Derivative instruments						
8.	Other invested assets	()					
9.	Aggregate write-ins for investment income.		, ,		, ,		
10.	Total gross investment income						
11.	Investment expenses	•			11,620,126		
12.	Investment taxes, licenses and fees, excluding federal income taxes			,			
13.	Interest expense			10,			
14.	Depreciation on real estate and other invested assets			, ,			
15.	Aggregate write-ins for deductions from investment income			()			
16.	Total deductions (Lines 11 through 15)						
17.	Net investment income (Line 10 minus Line 16)						
	DETAILS OF WRITE-INS				7 - 7		
0901.							
	Summary of remaining write-ins for Line 9 from overflow page				0		
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)				0		
1502.							
1503.							
1598.	Summary of remaining write-ins for Line 15 from overflow page				0		
	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)						
(a)	Includes \$606,472 accrual of discount less \$3,552,965 amortization of premium and less \$783,390 paid for acc			•	<u>.</u>		
(b)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividen						
(c)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest						
(d)	Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.	•					
(e)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest	t on purchas	es.				
(f)	Includes \$0 accrual of discount less \$0 amortization of premium.						
(g)	Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.						
(h)	Includes \$0 interest on surplus notes and \$0 interest on capital notes.		-				

EXHIBIT OF CAPITAL GAINS (LOSSES)

(i) Includes \$......0 depreciation on real estate and \$......0 depreciation on other invested assets.

	1	2	3	4	5
	Realized				Change in
	Gain (Loss)	Other	Total Realized	Change in	Unrealized
	on Sales	Realized	Capital Gain (Loss)	Unrealized	Foreign Exchange
	or Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)
1. U.S. government bonds	369,579		369,579	629,918	
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	(121,141)		(121,141)	21,511	
1.3 Bonds of affiliates			0		
2.1 Preferred stocks (unaffiliated)			0		
2.11 Preferred stocks of affiliates			0		
2.2 Common stocks (unaffiliated)	(1,930,087)		(1,930,087)	3,875,570	
2.21 Common stocks of affiliates			0	9,291,264	
3. Mortgage loans			0		
4. Real estate			0		
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	1,895		1,895		
7. Derivative instruments			0		
8. Other invested assets	(618,191)		(618,191)	(656,400)	
9. Aggregate write-ins for capital gains (losses)		0	0		
10. Total capital gains (losses)		0	(2,297,945)	5,948,346	0
, , ,	·	F WRITE-INS			
0901. OPEB			0	(12,928,350)	
0902. SSP & Other			0	5.714.832	
0000			0	-, ,	
		0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		0	0	(7,213,518)	

Statement as of December 31, 2019 of the USAble Mutual Insurance Company EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2)			
and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but			
deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:	2,000,100	,201,020	
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			, ,
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates	2,279,237	1,665,932	(613,305)
24. Health care and other amounts receivable	16,818,464	7,356,939	(9,461,525)
25. Aggregate write-ins for other-than-invested assets	37,860,025	36,637,038	(1,222,987)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected			
Cell Accounts (Lines 12 through 25)			
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. TOTALS (Lines 26 and 27)	150,112,327	137,400,069	(12,712,258)
DETAILS OF W	RITE-INS		
1101			0
1102.			0
1103			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501. Other Assets			
2502			,
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)			
2000. Totalo (Elitos 2001 tillotagri 2000 pius 2000) (Elito 20 above)			1,222,301

Statement as of December 31, 2019 of the USAble Mutual Insurance Company

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

			Total Members at End of			6
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
Health maintenance organizations						
Provider service organizations						
Preferred provider organizations	417,233	392,270	389,989	390,226	388,484	4,695,630
4. Point of service						
5. Indemnity only	201,446	227,284	229,045	228,688	229,196	2,741,562
Aggregate write-ins for other lines of business	0	0	0	0	0	
7. Total	618,679	619,554	619,034	618,914	617,680	7,437,192
	DETAILS	S OF WRITE-INS				
0601.						
0602						
0603						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	.0	0	0	0	

Note 1 - Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

		SSAP#	F/S Page	F/S Line #	2019	2018
NE	TINCOME					•
(1)	Company state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ 84,545,585	\$ (21,330,429)
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
					\$	\$
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP				•	
					\$	\$
(4)	NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 84,545,585	\$ (21,330,429)
SU	RPLUS					
(5)	Company state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 919,065,983	\$ 830,545,432
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
					\$	\$
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP				•	
					\$	\$
(8)	NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 919,065,983	\$ 830,545,432

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or polices. Expenses incurred in connection with acquiring new insurance business are charged to operations as incurred.

In addition, the company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds and Amortization Schedule

Bonds not backed by other loans and are stated at amortized cost using the interest method.

(3) Basis for Common Stocks

Common Stocks are carried at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.

(4) Basis for Preferred Stocks

The Company does not have preferred stock.

(5) Basis for Mortgage Loans

The Company does not have mortgage loans. The Company does own mortgage backed securities.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The prospective adjustment method is used to value all securities.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

Common stock investments in affiliates including limited liability companies are carried at their NAIC SAP or GAAP equity values in accordance with the requirements of SSAP no. 97, *Investments in Subsidiary, Controlled, and Affiliated Entities.*

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company has investments in joint ventures, partnerships and limited liability companies. See (7) above for accounting policy.

(9) Accounting Policies for Derivatives

The Company does not have derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company does not have premium deficiency reserves.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

When setting reserves, the Company employs the 5 methods that are described below. Based on the estimates of these methods and also retrospective considerations, the company sets a best estimate and then an explicit margin is added to ensure that the estimate is sufficient. The average of the methods, as well as the spread of the estimates, is also considered when setting the respective liabilities. Aggregate liabilities are tested against other aggregate estimation methods to check for reasonableness, and any additional margin or adjustments are made.

- a. Aggregate Method: 12 months of paid claims are subtracted from 12 months of estimated incurred claims to get the liability estimate
- **b. 3 Month Average Method**: For the base liability estimate, the average liability of the third, fourth, and fifth month prior to the current month is used. Adjustments are made for trend, membership change, and backlog to determine the current month's estimate of liability.
- c. Previous Year's IBNR Method This method is similar to the Three Month Average Method, except that the actual reserve from one year ago is used as the base estimate of liability. This is projected forward using adjustments for trend, membership change, and backlog.
- d. CY Lag Method: This method calculates completion factors by incurral year. Completion factors used for the current year are based on the previous year's experience. Completion factors for the most recent 3 years are set manually.
- e. 12 Month CF Method: This method is identical to the CY Lag Method, except that historical completion factors are based on 12 months of rolling data.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

No change in the capitalization policy this year.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Pharmacy rebate receivable estimates are based upon the prior quarter's invoiced amounts.

D. Going Concern

For the period ending December 31, 2019 management has evaluated the Company's ability to continue as a going concern. Management has concluded that there is not substantial doubt that the Company can continue as a going concern, therefore, there are no policies in place to alleviate such situations.

Note 2 - Accounting Changes and Correction of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Arkansas. There were no accounting changes or correction of errors during 2019.

Note 3 - Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable

The transaction was accounted for as a statutory purchased, and reflects the following:

The desired state of the state						
1	2	3	4	5	6	7
					Amount of	Admitted
					Goodwill	Goodwill as a %
				Admitted	Amortized	of SCA BACV,
			Original Amount	Goodwill as of	During the	Gross of
		Cost of Acquired	of Admitted	the Reporting	Reporting	Admitted
Purchased Entity	Acquisition Date	Entity	Goodwill	Date	Period	Goodwill
		\$	\$	\$	\$	%

B. Statutory Merger

Not applicable

C. Assumption Reinsurance

Not applicable

D. Impairment Loss

Not applicable

Note 4 - Discontinued Operations

Discontinued Operation Disposed of or Classified as Held for Sale

Not applicable

(1) List of Discontinued Operations Disposed of or Classified as Held for Sale

,	Discontinued Operation Identifier	Description of Discontinued Operation

Description of the Facts and Circumstances Leading to the Disposal or Expected Disposal and a Description of the Expected Manner and Timing of that

(3) Loss Recognized on Discontinued Operations

Discontinued		
Operation	Amount for	Cumulative Amount Since
Identifier	Reporting Period	Classified as Held for Sale
	\$	\$

(4) Carrying Amount and Fair Value of Discontinued Operations and the Effect on Assets, Liabilities, Surplus and Income

a. Carrying Amount of Discontinued Operations

	Carrying Amount	
Discontinued	Immediately Prior to	
Operation	Classification as Held for	Current Fair Value Less
Identifier	Sale	Costs to Sell
	\$	\$

Effect of Discontinued Operations on Assets, Liabilities, Surplus and Income

	Discontinued			Amount Attributable
	Operation			to Discontinued
	Identifier	Line Number	Line Description	Operations
1. Assets				
				\$
2. Liabilities				
				\$
3. Surplus				
				\$
4. Income				
				\$

В. Change in Plan of Sale of Discontinued Operation

Not applicable

C. Nature of any Significant Continuing Involvement with Discontinued Operations After Disposal

Not applicable

D. Equity Interest Retained in the Discontinued Operation After Disposal

Not applicable

Note 5 – Investments

- Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
 - (1) Maximum and Minimum Lending Rates

Not Applicable

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgage was:

Not Applicable

Current Year Prior Year Taxes, assessments and any amounts advanced and not included in the mortgage loan total

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in which the Insurer is a Participant or Co-Lender in a Mortgage Loan Agreement:

Not Applicable

				Residential		Commercial			
			Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
Curi	rent Y								
1.	Rec	orded Investment (All)							
	(a)	Current	\$	\$	\$	\$	\$	\$	\$
	(b)	30-59 Days Past							
		Due	\$	\$	\$	\$	\$	\$	\$
	(c)	60-89 Days Past							
		Due	\$	\$	\$	\$	\$	\$	\$
	(d)	90-179 Days Past	¢.	r.	r.	r.	¢.	r.	r.
	(-)	Due Deat Bask Day	\$	\$	\$	\$	\$	\$	\$
	(e)	180+ Days Past Due	\$	\$	\$	\$	\$	\$	\$
2.		ruing Interest 90-179 s Past Due							
		Recorded							
	(a)	Investment	\$	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued	\$	\$	\$	\$	\$	\$	\$
3.		ruing Interest 180+	Ψ	ĮΨ	Ψ	ĮΨ	Ψ	ΙΦ	Ψ
٥.		s Past Due							
	(a)	Recorded							
	(ω)	Investment	\$	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued	\$	\$	\$	\$	\$	\$	\$
4.		rest Reduced	*	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	Т
	(a)	Recorded							
	()	Investment	\$	\$	\$	\$	\$	\$	\$
	(b)	Number of Loans	-			·			
	(c)	Percent Reduced	%	%	%	%	%	%	
5.	Part	icipant or Co-Lender							
		Mortgage Loan							
		eement							
	(a)	Recorded							
		Investment	\$	\$	\$	\$	\$	\$	\$
Prio	r Yea	r							
1.	Rec	orded Investment (All)							
	(a)	Current	\$	\$	\$	\$	\$	\$	\$
	(b)	30-59 Days Past							
		Due	\$	\$	\$	\$	\$	\$	\$
	(c)	60-89 Days Past							
		Due	\$	\$	\$	\$	\$	\$	\$
	(d)	90-179 Days Past	_						_
	, ,	Due	\$	\$	\$	\$	\$	\$	\$
	(e)	180+ Days Past Due	\$	\$	\$	\$	\$	\$	\$
2.		ruing Interest 90-179							
		s Past Due		<u> </u>	T .	<u> </u>	<u> </u>	<u> </u>	l
	(a)	Recorded Investment	¢	¢.	¢.	¢.	¢	¢.	œ.
	/h)	Interest Accrued	\$ \$	\$ \$	\$	\$	\$ \$	\$ \$	\$
3.	(b)	ruing Interest 180+	Þ	Þ	Þ	Ψ	Þ	Φ	Þ
ა.		ruing interest 180+ s Past Due							
	(a)	Recorded							
	(a)	Investment	\$	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued	\$	\$	\$	\$	\$	\$	\$
4.		rest Reduced	<u> \</u>	ΙΨ	[*	[*	[*	ΙΨ	<u> </u> ¥
r.	(a)	Recorded							
	(u)		\$	\$	\$	\$	\$	\$	\$
	` ,	mvesimeni	J		7	ļ *	*		
		Investment Number of Loans	Ψ	,					
	(b)	Number of Loans	*		0/_	0/2	0/_	0/_	
5	(b)	Number of Loans Percent Reduced	ψ %		%	%	%	%	
5.	(b) (c)	Number of Loans Percent Reduced icipant or Co-Lender	*		%	%	%	%	
5.	(b) (c) Part in a	Number of Loans Percent Reduced icipant or Co-Lender Mortgage Loan	*		%	%	%	%	
5.	(b) (c) Part in a	Number of Loans Percent Reduced icipant or Co-Lender	*		%	%	%	%	

(5) Investment in Impaired Loans with or without Allowance for Credit Losses and Impaired Loans Subject to a Participant or Co-Lender Mortgage Loan Agreement for which the Reporting Entity is Restricted from Unilaterally Foreclosing on the Mortgage Loan:

			Residential		Commercial			
		Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
a. Cu	urrent Year							
1.	With Allowance for Credit Losses	\$	\$	\$	\$	\$	\$	\$
2.	No Allowance for Credit Losses							
3.	Total (1 + 2)	\$	\$	\$	\$	\$	\$	\$
4.	Subject to a Participant or Co-Lender Mortgage							

				Residential		Commercial			
			Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
		Loan Agreement for							
		which the Reporting							
		Entity is Restricted from							
		Unilaterally Foreclosing							
		on the Mortgage Loan							
b.	Prior	Year							
	1.	With Allowance for Credit							
		Losses	\$	\$	\$	\$	\$	\$	\$
	2.	No Allowance for Credit							
		Losses	\$	\$	\$	\$	\$	\$	\$
	3.	Total (1 + 2)	\$	\$	\$	\$	\$	\$	\$
	4.	Subject to a Participant							
		or Co-Lender Mortgage							
		Loan Agreement for							
		which the Reporting							
		Entity is Restricted from							
		Unilaterally Foreclosing							
		on the Mortgage Loan	\$	\$	\$	\$	\$	\$	\$

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash Regis Method of Accounting:

Intere	st Inc	ome Recognized Using a	Cash-Basis Met	hod of Accountin	ıg:				
				Residenti	al	Commercia	al		
			Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
a.	Curi	rent Year							
	1.	Average Recorded							
		Investment	\$	\$	\$	\$	\$	\$	\$
	2.	Interest Income							
		Recognized	\$	\$	\$	\$	\$	\$	\$
	3.	Recorded Investments							
		on Nonaccrual Status	\$	\$	\$	\$	\$	\$	\$
	4.	Amount of Interest							
		Income Recognized							
		Using a Cash-Basis	œ.	•	œ.	·	¢.	·	·
h	Drio	Method of Accounting	\$	\$	\$	\$	φ	\$	\$
b.		r Year				1		1	1
	1.	Average Recorded Investment	¢	¢	•	¢	¢	¢	c
	2		Φ	\$	Φ	Ф	Φ	Þ	Ф
	2.	Interest Income Recognized	¢	\$	\$	\$	¢	¢	¢
	3.	Recorded Investments	Ψ	Ψ	Ψ	Ψ	Ψ	Ψ	φ
	٥.	on Nonaccrual Status	\$	\$	\$	\$	\$	\$	¢
	4.	Amount of Interest	Ψ	Ψ	Ψ	Ψ	Ψ	Ψ	Ψ
	٦.	Income Recognized							
		Using a Cash-Basis							
		Method of Accounting	\$	\$	\$	\$	\$	\$	\$

(7) Allowance for Credit Balances:

		Current Year	Prior Year
a.	Balance at beginning of period	\$	\$
b.	Additions charged to operations		
C.	Direct write-downs charged against the allowances		
d.	Recoveries of amounts previously charged off		
e.	Balance at end of period	\$	\$

(8) Mortgage Loans Derecognized as a Result of Foreclosure:

		Current Year
a.	Aggregate amount of mortgage loans derecognized	\$
b.	Real estate collateral recognized	\$
C.	Other collateral recognized	\$
d.	Receivables recognized from a government guarantee of the foreclosed mortgage loan	\$

(9) Policy for Recognizing Interest Income on Impaired Loans

В. Debt Restructuring

		Current Year	Prior Year
(1)	The total recorded investment in restructured loans, as of year-end	\$	\$
(2)	The realized capital losses related to these loans		
(3)	Total contractual commitments to extend credit to debtors owing receivables		
	whose terms have been modified in troubled debt restructurings	\$	\$

(4) Creditor's Income Recognition Policy for Interest Income on Impaired Loans

C. Reverse Mortgages

(1) Description of Accounting Policies and Methods

Not Applicable

(2) General Information Regarding Commitment Under the Agreement

Not Applicable

- (3) At December 31, the actuarial reserve of \$0 reduced the asset value of the group of reverse mortgages.
- (4) The Company recorded an unrealized loss \$0 as a result of the re-estimates of the cash flows.

D. Loan-Backed Securities

(1) Description of Sources Used to Determine Prepayment Assumptions

For fixed-rate agency mortgage-backed securities, Clearwater Analytics calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, Clearwater utilizes prepayment assumptions from Moody's Analytics. Moody's applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody's projections are not available, Clearwater uses data from Reuters, which utilizes the median prepayment speed from contributors' models.

(2) Other-Than-Temporary Impairments

Not Applicable

		1	2	3
		Amortized Cost Basis		
		Before	Other-than-Temporary	
		Other-than-Temporary	Impairment Recognized in	Fair Value
		Impairment	Loss	1 – 2
OTT	l Recognized 1 st Quarter			
a.	Intent to sell	\$	\$	\$
b.	Inability or lack of intent to retain the investment in the			
	security for a period of time sufficient to recover the			
	amortized cost basis			
C.	Total 1st Quarter	\$	\$	\$
OTT	l Recognized 2 nd Quarter			
d.	Intent to sell	\$	\$	\$
e.	Inability or lack of intent to retain the investment in the			
	security for a period of time sufficient to recover the			
	amortized cost basis			
f.	Total 2nd Quarter	\$	\$	\$
OTT	l Recognized 3 rd Quarter			
g.	Intent to sell	\$	\$	\$
h.	Inability or lack of intent to retain the investment in the			
	security for a period of time sufficient to recover the			
	amortized cost basis			
i.	Total 3rd Quarter	\$	\$	\$
OTT	I Recognized 4 th Quarter			
j.	Intent to sell	\$	\$	\$
k.	Inability or lack of intent to retain the investment in the			
	security for a period of time sufficient to recover the			
	amortized cost basis			
l.	Total 4th Quarter	\$	\$	\$
m.	Annual aggregate total	XXX		XXX

(3) Recognized OTTI Securities

	Book/Adjusted					
	Carrying Value		Recognized			
	Amortized Cost	Present Value of	Other-Than-	Amortized Cost After		Date of Financial
	Before Current	Projected Cash	Temporary	Other-Than-	Fair Value at	Statement Where
CUSIP	Period OTTI	Flows	Impairment	Temporary Impairment	Time of OTTI	Reported
	\$	\$	\$	\$	\$	
Total			\$			

⁽⁴⁾ All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ 78,854
		2. 12 Months or Longer	\$
b.	The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 9,917,400
		2. 12 Months or Longer	\$

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

Not Applicable

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (1) Policy for Requiring Collateral or Other Security

Not Applicable

(2) Disclose the Carrying Amount and Classification of Both Assets and Liabilities

Not Applicable

(3) Collateral Received

Not Applicable

Aggregate Amount Collateral Received	Fair Value
1. Securities Lending	
(a) Open	\$
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater Than 90 Days	
(f) Sub-Total	
(g) Securities Received	
(h) Total Collateral Received	\$
2. Dollar Repurchase Agreement	
(a) Open	\$
(b) 30 Days or Less	
(c) 31 to 60 Days	
(d) 61 to 90 Days	
(e) Greater Than 90 Days	
(f) Sub-Total	
(g) Securities Received	
(h) Total Collateral Received	\$
T. C. 1. C. 1. L. 1. L. C. 1.	
The fair value of that collateral and of the portion of that collateral that it has sold or re	pledged \$

c. Information about Sources and Uses of Collateral

(4) Aggregate Value of the Reinvested Collateral

Not Applicable

(5) Collateral Reinvestment

a. Aggregate Amount Collateral Reinvested	Amortized Cost	Fair Value
Securities Lending		
(a) Open	\$	\$
(b) 30 Days or Less		
(c) 31 to 60 Days		
(d) 61 to 90 Days		
(e) 91 to 120 Days		
(f) 121 to 180 Days		
(g) 181 to 365 Days		
(h) 1 to 2 Years		
(i) 2 to 3 Years		
(j) Greater Than 3 Years		
(k) Sub-Total	\$	\$
(I) Securities Received		
(m) Total Collateral Reinvested	\$	\$
Dollar Repurchase Agreement		

a.	Aggregate Amoun	t Collateral Reinvested	Amortized Cost	Fair Value
	(a) Open		\$	\$
	(b) 30 Day	s or Less		
	(c) 31 to 6	0 Days		
	(d) 61 to 9	0 Days		
	(e) 91 to 12	20 Days		
	(f) 121 to	180 Days		
	(g) 181 to 3	365 Days		
	(h) 1 to 2 Y	/ears		
	(i) 2 to 3 Y	/ears		
	(j) Greate	r Than 3 Years		
	(k) Sub-To	tal	\$	\$
	(I) Securit	ies Received		
	(m) Total C	ollateral Reinvested	\$	\$

b. Explanation of Additional Sources of Liquidity for Maturity Date Mismatches

(6) Detail on Collateral Transactions Not Permitted by Contract or Custom to Sell or Repledge

Not Applicable

(7) Collateral for Securities Lending Transactions that Extend Beyond One Year from the Reporting Date.

Not Applicable

Description of Collateral	Amount
	\$
Total Collateral extending beyond one year of the reporting date	\$

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Repurchase Transaction Cash Taker Overview of Secured Borrowing Transactions
 - (1) Company Policies or Strategies for Repo Programs

Not Applicable

(2) Type of Repo Trades Used

Not Applicable

		First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Bilateral (YES/I	10)				
b. Tri-Party (YES/	NO)				

(3) Original (Flow) and Residual Maturity

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter			
a. Maximum Amount	. Maximum Amount						
Open – No Maturity	\$	\$	\$	\$			
2. Overnight	\$	\$	\$	\$			
3. 2 Days to 1 Week	\$	\$	\$	\$			
4. >1 Week to 1 Month	\$	\$	\$	\$			
5. >1 Month to 3 Months	\$	\$	\$	\$			
6. >3 Months to 1 Year	\$	\$	\$	\$			
7. > 1 Year	\$	\$	\$	\$			
b. Ending Balance							
Open – No Maturity	\$	\$	\$	\$			
2. Overnight	\$	\$	\$	\$			
3. 2 Days to 1 Week	\$	\$	\$	\$			
4. >1 Week to 1 Month	\$	\$	\$	\$			
5. >1 Month to 3 Months	\$	\$	\$	\$			
6. >3 Months to 1 Year	\$	\$	\$	\$			
7. > 1 Year	\$	\$	\$	\$			

(4) Fair Value Securities Sold and/or Acquired that Resulted in Default

Not Applicable

(5) Securities "Sold" Under Repo – Secured Borrowing

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount			•	•
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
b. Ending Balance				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$

(6) Securities Sold Under Repo – Secured Borrowing by NAIC Designation

Not Applicable

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a. Bonds- BACV	\$	\$	\$	\$
b. Bonds- FV				
c. LB & SS- BACV				
d. LB & SS- FV				
e. Preferred Stock- BACV				
f. Preferred Stock- FV				
g. Common Stock				
h. Mortgage Loans- BACV				
i. Mortgage Loans- FV				
j. Real Estate- BACV				
k. Real Estate- FV				
I. Derivatives- BACV				
m. Derivatives-FV				
n. Other Invested Assets- BACV				
o. Other Invested Assets- FV				
p. Total Assets- BACV	\$	\$	\$	\$
q. Total Assets- FV	\$	\$	\$	\$

	5	6	7	8
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds- FV				
c. LB & SS- BACV				
d. LB & SS- FV				
e. Preferred Stock- BACV				
f. Preferred Stock- FV				
g. Common Stock				
h. Mortgage Loans- BACV				
i. Mortgage Loans- FV				
j. Real Estate- BACV				
k. Real Estate- FV				
I. Derivatives- BACV				
m. Derivatives- FV				
n. Other Invested Assets- BACV				
o. Other Invested Assets- FV		_		
p. Total Assets- BACV	\$	\$	\$	\$
q. Total Assets- FV	\$	\$	\$	\$

p = a + c + e + g + h + j + l + n q = b + d + f + g + i + k + m + o

(7) Collateral Received – Secured Borrowing

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
b. Ending Balance				
1. Cash	\$	\$	\$	\$
Securities (FV)	\$	\$	\$	\$

(8) Cash & Non-Cash Collateral Received – Secured Borrowing by NAIC Designation

		1	2	3	4
	Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a.	Cash	\$	\$	\$	\$
b.	Bonds- FV				
C.	LB & SS- FV				

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
d. Preferred Stock- FV				
e. Common Stock				
f. Mortgage Loans- FV				
g. Real Estate- FV				
h. Derivatives- FV				
i. Other Invested Assets- FV				
j. Total Collateral Assets – FV				
(Sum of a through i)	\$	\$	\$	\$

	5	6	7	8
F " B.	NAIO 4	NAIO 5	NAIGO	Does Not Qualify as
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Admitted
a. Cash	\$	\$	\$	\$
b. Bonds- FV				
c. LB & SS- FV				
d. Preferred Stock- FV				
e. Common Stock				
f. Mortgage Loans- FV				
g. Real Estate- FV				
h. Derivatives- FV				
i. Other Invested Assets- FV				
j. Total Collateral Assets – FV				
(Sum of a through i)	\$	\$	\$	\$

(9) Allocation of Aggregate Collateral by Remaining Contractual Maturity

Not Applicable

		Fair Value
a.	Overnight and Continuous	\$
b.	30 Days or Less	\$
C.	31 to 90 Days	\$
d.	>90 Days	\$

(10) Allocation of Aggregate Collateral Reinvested by Remaining Contractual Maturity

Not Applicable

	Amortized Cost	Fair Value
a. 30 Days or Less	\$	\$
b. 31 to 60 Days	\$	\$
c. 61 to 90 Days	\$	\$
d. 91 to 120 Days	\$	\$
e. 121 to 180 Days	\$	\$
f. 181 to 365 Days	\$	\$
g. 1 to 2 Years	\$	\$
h. 2 to 3 Years	\$	\$
i. >3 Years	\$	\$

(11) Liability to Return Collateral – Secured Borrowing (Total)

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
Cash (Collateral – All)	\$	\$	\$	\$
Securities Collateral (FV)	\$	\$	\$	\$
b. Ending Balance	<u>.</u>		•	•
Cash (Collateral – All)	\$	\$	\$	\$
Securities Collateral (FV)	\$	\$	\$	\$

Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions G.

(1) Company Policy or Strategies for Engaging in Repo Programs

Not Applicable

(2) Type of Repo Trades Used

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
i ii st Qualitoi	Occoria Quarter	Tillia Qualto	i duitii Qualtoi

a. Bilateral (YES/NO)		
b. Tri-Party (YES/NO		

(3) Original (Flow) and Residual Maturity

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
b. Ending Balance				
 Open – No Maturity 	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$

(4) Fair Value Securities Sold and/or Acquired that Resulted in Default

Not Applicable

(5) Fair Value of Securities Acquired Under Repo – Secured Borrowing

Not Applicable

		First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a.	Maximum Amount	\$	\$	\$	\$
b.	Ending Balance	\$	\$	\$	\$

(6) Securities Acquired Under Repo – Secured Borrowing by NAIC Designation

Not Applicable

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a. Bonds- FV	\$	\$	\$	\$
b. LB & SS- FV				
c. Preferred Stock- FV				
d. Common Stock				
e. Mortgage Loans- FV				
f. Real Estate- FV				
g. Derivatives- FV				
h. Other Invested Assets- FV				
i. Total Assets- FV (Sum of a through h)	\$	\$	\$	\$

	5	6	7	8
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Does Not Qualify as Admitted
a. Bonds- FV	\$	\$	\$	\$
b. LB & SS- FV				
c. Preferred Stock- FV				
d. Common Stock				
e. Mortgage Loans- FV				
f. Real Estate- FV				
g. Derivatives- FV				
h. Other Invested Assets- FV				
i. Total Assets- FV (Sum of a through h)	\$	\$	\$	\$

(7) Collateral Provided – Secured Borrowing

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	
a. Maximum Amount					
1. Cash	\$	\$	\$	\$	
2. Securities (FV)	\$	\$	\$	\$	
3. Securities (BACV)	XXX	XXX	XXX	XXX	
4. Nonadmitted Subset (BACV)	XXX	XXX	XXX	XXX	
b. Ending Balance					
1. Cash	\$	\$	\$	\$	

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
2. Securities (FV)	\$	\$	\$	\$
3. Securities (BACV)	\$	\$	\$	\$
Nonadmitted Subset (BACV)	\$	\$	\$	\$

(8) Allocation of Aggregate Collateral Pledged by Remaining Contractual Maturity

Not Applicable

	Amortized Cost	Fair Value
a. Overnight and Continuous	\$	\$
b. 30 Days or Less	\$	\$
c. 31 to 90 Days	\$	\$
d. >90 Days	\$	\$

(9) Recognized Receivable for Return of Collateral – Secured Borrowing

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount	1			
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
B. Ending Balance	·			
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$

(10) Recognized Liability to Return Collateral – Secured Borrowing (Total)

Not Applicable

		First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a.	Maximum Amount				
	Repo Securities Sold/Acquired with Cash Collateral	\$	\$	\$	\$
	Repo Securities Sold/Acquired with Securities Collateral (FV)	\$	\$	\$	\$
b.	Ending Balance				
	Repo Securities Sold/Acquired with Cash Collateral	\$	\$	\$	\$
	Repo Securities Sold/Acquired with Securities Collateral (FV)	\$	\$	\$	\$

H. Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction – Cash Taker – Overview of Sale Transactions

$\hbox{(1)} \quad \hbox{Company Policy or Strategies for Engaging in Repo Programs} \\$

Not Applicable

(2) Type of Repo Trades Used

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO				

(3) Original (Flow) & Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter				
a. Maximum Amount	Maximum Amount							
Open – No Maturity	\$	\$	\$	\$				
2. Overnight	\$	\$	\$	\$				
3. 2 Days to 1 Week	\$	\$	\$	\$				
4. >1 Week to 1 Month	\$	\$	\$	\$				
5. >1 Month to 3 Months	\$	\$	\$	\$				
6. >3 Months to 1 Year	\$	\$	\$	\$				
7. > 1 Year	\$	\$	\$	\$				
b. Ending Balance								
Open – No Maturity	\$	\$	\$	\$				
2. Overnight	\$	\$	\$	\$				
3. 2 Days to 1 Week	\$	\$	\$	\$				

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$

(4) Fair Value Securities Sold and/or Acquired that Resulted in Default

Not Applicable

(5) Securities "Sold" Under Repo – Sale

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	\$
Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
o. Ending Balance				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$

(6) Securities Sold Under Repo – Sale by NAIC Designation

Not Applicable

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
j. Real Estate-BACV				
k. Real Estate-FV				
I. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$

	5	6	7	8
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
. Real Estate-BACV				
k. Real Estate-FV				
I. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$

p = a + c + e + g + h + j + l + n q = b + d + f + g + i + k + m + o

(7) Proceeds Received – Sale

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
Securities (FV)	\$	\$	\$	\$
Nonadmitted	\$	\$	\$	\$

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
b. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Nonadmitted	\$	\$	\$	\$

(8) Cash & Non-Cash Collateral Received – Sale by NAIC Designation

Not Applicable

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a. Bonds-FV	\$	\$	\$	\$
b. LB & SS-FV				
c. Preferred Stock-FV				
d. Common Stock				
e. Mortgage Loans-FV				
f. Real Estate-FV				
g. Derivatives-FV				
h. Other Invested Assets-FV				
i. Total Assets-FV (Sum of a through h)	\$	\$	\$	\$

	5	6	7	8
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Nonadmitted
a. Bonds-FV	\$	\$	\$	\$
b. LB & SS-FV				
c. Preferred Stock-FV				
d. Common Stock				
e. Mortgage Loans-FV				
f. Real Estate-FV				
g. Derivatives-FV				
h. Other Invested Assets-FV				
i. Total Assets-FV (Sum of a through h)	\$	\$	\$	\$

(9) Recognized Forward Resale Commitment

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount	\$	\$	\$	\$
b. Ending Balance	\$	\$	\$	\$

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Repurchase Transaction Cash Provider Overview of Sale Transactions
 - (1) Company Policy or Strategies for Engaging in Repo Programs

Not Applicable

(2) Type of Repo Trades Used

Not Applicable

	1 First Quarter	2 Second Quarter	3 Third Quarter	4 Fourth Quarter
a. Bilateral (YES/NO)				
b. Tri-Party (YES/NO				

(3) Original (Flow) & Residual Maturity

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
 Open – No Maturity 	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7. > 1 Year	\$	\$	\$	\$
b. Ending Balance				
Open – No Maturity	\$	\$	\$	\$
2. Overnight	\$	\$	\$	\$
3. 2 Days to 1 Week	\$	\$	\$	\$

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
4. >1 Week to 1 Month	\$	\$	\$	\$
5. >1 Month to 3 Months	\$	\$	\$	\$
6. >3 Months to 1 Year	\$	\$	\$	\$
7 > 1 Year	\$	\$	\$	\$

(4) Fair Value Securities Sold and/or Acquired that Resulted in Default

Not Applicable

(5) Securities Acquired Under Repo – Sale

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. BACV	XXX	XXX	XXX	\$
Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$
o. Ending Balance				
1. BACV	XXX	XXX	XXX	\$
2. Nonadmitted – Subset of BACV	XXX	XXX	XXX	\$
3. Fair Value	\$	\$	\$	\$

(6) Securities Acquired Under Repo – Sale by NAIC Designation

Not Applicable

	1	2	3	4
Ending Balance	None	NAIC 1	NAIC 2	NAIC 3
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
i. Mortgage Loans-FV				
j. Real Estate-BACV				
k. Real Estate-FV				
I. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
p. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$

	5	6	7	8
Ending Balance	NAIC 4	NAIC 5	NAIC 6	Nonadmitted
a. Bonds-BACV	\$	\$	\$	\$
b. Bonds-FV				
c. LB & SS-BACV				
d. LB & SS-FV				
e. Preferred Stock-BACV				
f. Preferred Stock-FV				
g. Common Stock				
h. Mortgage Loans-BACV				
. Mortgage Loans-FV				
. Real Estate-BACV				
k. Real Estate-FV				
. Derivatives-BACV				
m. Derivatives-FV				
n. Other Invested Assets-BACV				
o. Other Invested Assets-FV				
o. Total Assets-BACV	\$	\$	\$	\$
q. Total Assets-FV	\$	\$	\$	\$

p=a+c+e+g+h+j+l+n q=b+d+f+g+i+k+m+o

(7) Proceeds Provided – Sale

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount				
1. Cash	\$	\$	\$	\$
Securities (FV)	\$	\$	\$	\$
Securities (BACV)	XXX	XXX	XXX	XXX

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Nonadmitted Subset	XXX	XXX	XXX	XXX
b. Ending Balance				
1. Cash	\$	\$	\$	\$
2. Securities (FV)	\$	\$	\$	\$
3. Securities (BACV)	\$	\$	\$	\$
Nonadmitted Subset	\$	\$	\$	\$

(8) Recognized Forward Resale Commitment

Not Applicable

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
a. Maximum Amount	\$	\$	\$	\$
b. Ending Balance	\$	\$	\$	\$

J. Real Estate

(1) Recognized Impairment Loss

Not Applicable

(2) Sold or Classified Real Estate Investments as Held for Sale

Not Applicable

(3) Changes to a Plan of Sale for an Investment in Real Estate

Not Applicable

(4) Retail Land Sales Operations

Not Applicable

(5) Real Estate Investments with Participating Mortgage Loan Features

Not Applicable

K. Low-Income Housing Tax Credits (LIHTC)

(1) Number of Remaining Years of Unexpired Tax Credits and Holding Period for LIHTC Investments

Not Applicable

(2) Amount of LIHTC and Other Tax Benefits Recognized

Not Applicable

(3) Balance of Investment Recognized

Not Applicable

(4) Regulatory Reviews

Not Applicable

(5) LIHTC investments which Exceed 10% of Total Admitted Assets

Not Applicable

(6) Recognized Impairment

Not Applicable

(7) Amount and Nature of Write-Downs or Reclassifications

Not Applicable

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

		1	2	3	4	5	6	7
		Total Gross (Admitted	Total Gross (Admitted				Gross (Admitted &	
		& Nonadmitted)	& Nonadmitted)		Total Current Year	Total Current Year	Nonadmitted)	Additional Restricted
		Restricted from	Restricted from Prior	Increase (Decrease)	Nonadmitted	Admitted Restricted	Restricted to Total	to Total Admitted
	Restricted Asset Category	Current Year	Year	(1 minus 2)	Restricted	(1 minus 4)	Assets (a)	Assets (b)
a.	Subject to contractual							
	obligation for which liability							
	is not shown	\$	\$ 32,000,000	\$ (32,000,000)	\$	\$	%	%

		1	2	3	4	5	6	7
			Total Gross (Admitted		T. 1.10	T. 10 17	Gross (Admitted &	A LIVE LD LEEL
		& Nonadmitted) Restricted from	& Nonadmitted) Restricted from Prior	Increase (Decrease)	Total Current Year Nonadmitted	Total Current Year Admitted Restricted	Nonadmitted) Restricted to Total	Additional Restricted to Total Admitted
	Restricted Asset Category	Current Year	Year	(1 minus 2)	Restricted	(1 minus 4)	Assets (a)	Assets (b)
b.	Collateral held under			(=)		(1.122.1)	1 100010 (11)	1 100010 (4)
	security lending							
	arrangements						%	%
C.	Subject to repurchase							
_	agreements						%	%
d.								
-	repurchase agreements						%	%
e.	Subject to dollar repurchase						%	%
f	agreements Subject to dollar reverse						70	70
١.	repurchase agreements						%	%
g.	Placed under option						70	70
3.	contracts						%	%
h.	Letter stock or securities							
	restricted as to sale -							
	excluding FHLB capital							
_	stock						%	
i.	FHLB capital stock						%	
j.	On deposit with states	149,036	149,817	(781)		149,036	%	%
k.	On deposit with other						0/	0/
-	regulatory bodies						%	%
[l.	Pledged as collateral to FHLB (including assets							
	backing funding							
1	agreements)						%	%
m								
L	captured in other categories						%	
n.	Other restricted assets	106,500	106,500			106,500	%	
0.	Total Restricted Assets	\$ 255,536	\$ 32,256,317	\$ (32,000,781)	\$	\$ 255.536	%	%

- (a) Column 1 divided by Asset Page, Column 1, Line 28
- (b) Column 5 divided by Asset Page, Column 1, Line 28
- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contacts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Not Applicable

	1	2	3	4	5	6
	Total Gross (Admitted	Total Gross (Admitted			Gross (Admitted &	
	& Nonadmitted)	& Nonadmitted)			Nonadmitted)	Admitted Restricted
	Restricted from	Restricted from Prior	Increase (Decrease)	Total Current Year	Restricted to Total	to Total Admitted
	Current Year	Year	(1 minus 2)	Admitted Restricted	Assets	Assets
	\$	\$	\$	\$	%	%
Total (a)	\$	\$	\$	\$	%	%

- (a) Total Line for Columns 1 through 3 should equal 5L(1)m Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)m Column 5.
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

	1		2	3	4	5	6
	Total Gross (Ad	mitted Tot	tal Gross (Admitted			Gross (Admitted &	
	& Nonadmitte	ed)	& Nonadmitted)			Nonadmitted)	Admitted Restricted
	Restricted from	om Re	estricted from Prior	Increase (Decrease)	Total Current Year	Restricted to Total	to Total Admitted
	Current Yea	ar	Year	(1 minus 2)	Admitted Restricted	Assets	Assets
High Deductible Workers'				,			
Comp - Money Market Fund	\$ 106	6,500 \$	106,500	\$	\$ 106,500	%	%
Total (a)	\$ 106	6,500 \$	106,500	\$	\$ 106,500	%	%

- (a) Total Line for Columns 1 through 3 should equal 5L(1)n Columns 1 through 3 respectively and Total Line for Column 4 should equal 5L(1)n Column 5.
- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

		1	2	3	4
				% of BACV to Total	
		Book/Adjusted Carrying		Assets (Admitted and	% of BACV to Total
	Collateral Assets	Value (BACV)	Fair Value	Nonadmitted) *	Admitted Assets **
a.	Cash, Cash Equivalents and Short-Term				
	Investments	\$	\$	%	%
b.	Schedule D, Part 1			%	%
C.	Schedule D, Part 2, Sec. 1			%	%
d.	Schedule D, Part 2, Sec. 2			%	%
e.	Schedule B			%	%

		1	2	3	4
				% of BACV to Total	
		Book/Adjusted Carrying		Assets (Admitted and	% of BACV to Total
	Collateral Assets	Value (BACV)	Fair Value	Nonadmitted) *	Admitted Assets **
f.	Schedule A			%	%
g.	Schedule BA, Part 1			%	%
h.	Schedule DL, Part 1			%	%
i.	Other			%	%
j.	Total Collateral Assets (a+b+c+d+e+f+a+i)	\$	<u> </u>	%	%

Column 1 divided by Asset Page, Line 26 (Column 1)
Column 1 divided by Asset Page, Line 26, (Column 3)

	1	2
		% of Liability to Total
	Amount	Liabilities
k. Recognized Obligation to Return		
Collateral Asset	\$	%

Column 1 divided by Liability Page, Line 24 (Column 3)

M. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

Not Applicable

			Non-admitted Asset	Net Admitted Asset
		Gross Asset Current	Current	Current
a.	WCFI Designation 1	\$	\$	\$
b.	WCFI Designation 2			
C.	WCFI Designation 3			
d.	WCFI Designation 4			
e.	WCFI Designation 5			
f.	WCFI Designation 6			
g.	Total	\$	\$	\$

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

Not Applicable

		Book/Adjusted Carrying Value
a.	Up to 180 Days	\$
b.	181 to 365 Days	
C.	Total	\$

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(3) Any Events of Default or Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

	Gross Amount Recognized	Amount Offset*	Net Amount Presented on Financial Statements
(1) Assets			
	\$	\$	\$
(2) Liabilities			
	\$	\$	\$

For derivative assets and derivative liabilities, the amount of offset shall agree to Schedule DB, Part D, Section 1.

Ο. 5GI Securities

	Number of 5GI Securities		Aggregate BACV		Aggregate Fair Value	
Investment Current Year		Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds – AC			\$	\$	\$	\$

	Number of 5GI Securities		Aggregate	BACV	Aggregate Fair Value	
Investment	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(2) Bonds – FV						
(3) LB & SS – AC						
(4) LB & SS – FV						
(5) Preferred Stock – AC						
(6) Preferred Stock – FV						
(7) Total (1+2+3+4+5+6)			\$	\$	\$	\$

AC – Amortized Cost

FV - Fair Value

P. Short Sales

Not Applicable

(1) Unsettled Short Sale Transactions (Outstanding as of Reporting Date)

		,		or reperming a may			Fair Value of	Fair Value of
							Short Sales	Short Sales
				Current Fair			Exceeding (or	Expected to be
				Value of		Expected	expected to	Settled by
		Pro	ceeds	Securities Sold	Unrealized Gain	Settlement (# of	exceed) 3	Secured
		Red	ceived	Short	or Loss	Days)	Settlement Days	Borrowing
(a)	Bonds	\$;	\$	\$		\$	\$
(b)	Preferred Stock							
(c)	Common Stock							
(d)	Totals (a+b+c)	\$		\$	\$	XXX	\$	\$

(2) Settled Short Sale Transactions

0011	ottiod official care transactions					
					Fair Value of Short	
			Current Fair Value		Sales That	Fair Value of Short
			of Securities Sold	Realized Gain or	Exceeded 3	Sales Settled by
		Proceeds Received	Short	Loss on Transaction	Settlement Days	Secured Borrowing
(a)	Bonds	\$	\$	\$	\$	\$
(b)	Preferred Stock					
(c)	Common Stock					
(d)	Totals (a+b+c)	\$	\$	\$	\$	\$

Q. Prepayment Penalty and Acceleration Fees

(1)	Number of CUSIPs	3
(2)	Aggregate Amount of Investment Income	\$ 19,041

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies

The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

Note 7 - Investment Income

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

All investment income due and accrued is included in investment income.

B. The total amount excluded:

The total amount excluded was -0-.

Note 8 - Derivative Instruments

A. Derivatives Under SSAP No. 86 – Derivatives

(1) Market Risk, Credit Risk and Cash Requirements

Not Applicable

(2) Objectives for Derivative Use

Not Applicable

(3) Accounting Policies for Recognition and Measurement

Not Applicable

(4) Identification of Whether Derivative Contracts with Financing Premiums

Not Applicable

(5) Net Gain or Loss Recognized

Not Applicable

(6) Net Gain or Loss Recognized from Derivatives that no Longer Qualify for Hedge Accounting

Not Applicable

(7) Derivatives Accounted for as Cash Flow Hedges

(a)

Not Applicable

(b)

Not Applicable

(8) Total Premium Costs for Contracts

a.		Scheduled Amortization	Derivative Premium
		Fiscal Year	Payments Due
	1.	2020	\$
	2.	2021	
	3.	2022	
	4.	2023	
	5.	Thereafter	
	6.	Total Future Settled Premiums	\$

b.		Undiscounted Future Premium Commitments	Derivative Fair Value with Premium Commitments (Reported on DB)	Derivative Fair Value Excluding Impact of Future Settled Premiums
1.	. Prior Year	\$	\$	\$
2.	. Current Year	\$	\$	\$

- B. Derivatives under SSAP No. 108 Derivatives Hedging Variable Annuity Guarantees
 - (1) Discussion of Hedged Item/Hedging Instruments and Hedging Strategy

Not Applicable

(2) Recognition of Gains/Losses and Deferred Assets and Liabilities

Not Applicable

a. Scheduled Amortization

Amortization Year	Deferred Assets	Deferred Liabilities
1. 2020	\$	\$
2. 2021		
3. 2022		
4. 2023		
5. 2024		
6. 2025		
7. 2026		
8. 2027		
9. 2028		

10. 2029	
11. Total	\$ \$

b. Total Deferred Balance

(Should agree to column 19 of Schedule DB, Part E) \$

c. Reconciliation of Amortization

Prior year total deferred balance	\$
Current year amortization	
Current year deferred recognition	
4. Ending deferred balance ([1-(2+3)]	\$

d. Open Derivative Removed from SSAP No. 108 and Captured in Scope of SSAP No. 86

·	epon Bontanto Romovoa nom eesti 110. 100 ana eapta	
	Total derivative fair value change	\$
	Change in fair value reflected as a natural offset to VM21 liability under SSAP No. 108	
	Change in fair value reflected as a deferred asset/liability under SSAP No. 108	
	4. Other changes	
	Unrealized gain/loss recognized for derivative under SSAP No. 86	
	[1-(sum of 2 through 4)]	\$

e. Open Derivative Removed from SSAP No. 86 and Captured in Scope of SSAP No. 108

Total derivative fair value change	\$
2. Unrealized gain/loss prior to the reclassification to	
SSAP No. 108	
3. Other changes	
4. Fair value change available for application under	
SSAP No. 108 [1-(2+3)]	

- (3) Hedging Strategies Identified as No Longer Highly Effective
 - Information on Determination of Ineffectiveness, Including Variations from Prior Assessments Resulting in the Change from Classification as a Highly Effective Hedge

Not Applicable

b. Details of Hedging Strategies Identified as No Longer Highly Effective

Unique Identifier	Date Domiciliary State Notified	Amortization (# of Years) 5 or Less	Recognized Deferred Assets	Recognized Deferred Liabilities
0		0	\$	\$

c. Amortization

	Recognized Deferred	Recognized Deferred	Accelerated	Original
Amortization Year	Assets	Liabilities	Amortization	Amortization
1. 2020	\$	\$	\$	\$
2. 2021	\$	\$	\$	\$
3. 2022	\$	\$	\$	\$
4. 2023	\$	\$	\$	\$
5. 2024	\$	\$	\$	\$
6. Total Adjusted				
Amortization				\$

d. Disclosure on Whether the Reporting Entity is Electing to Accelerate Amortization

Not Applicable

- (4) Hedging Strategies Terminated
 - a. Key Elements in the Reporting Entity's Decision to Terminate

Not Applicable

b. Details of Hedging Strategies Terminated

	Date Domiciliary	Amortization (# of Years)	Recognized Deferred	Recognized Deferred
Unique Identifier	State Notified	5 or Less	Assets	Liabilities
0		\$	\$	\$

c. Amortization

		Recognized Deferred	Recognized Deferred	Accelerated	Original
	Amortization Year	Assets	Liabilities	Amortization	Amortization
1.	2020	\$	\$	\$	\$
2.	2021	\$	\$	\$	\$
3.	2022	\$	\$	\$	\$
4.	2023	\$	\$	\$	\$

5.	2024	\$ \$	\$ \$
6.	Total Adjusted		
	Amortization		\$

d. Disclosure on Whether the Reporting Entity is Electing to Accelerate Amortization

Not Applicable

Note 9 - Income Taxes

A. Deferred Tax Assets/(Liabilities)

Components of Net Deferred Tax Asset/(Liability)

C	components of Net D	eferred Lax As	set/(Liability)							
			2019			2018			Change	
		1	2	3	4	5	6	7	8	9
				(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a.	Gross deferred tax									
	assets	\$110,819,072	\$ 982,303	\$111,801,375	\$102,165,437	\$ 789,724	\$102,955,161	\$ 8,653,635	\$ 192,579	\$ 8,846,214
b.	Statutory valuation									
	allowance									
	adjustment				1,522,500		1,522,500	(1,522,500)		(1,522,500)
C.	Adjusted gross									
	deferred tax assets									
	(1a-1b)	\$110,819,072	\$ 982,303	\$111,801,375	\$100,642,937	\$ 789,724	\$101,432,661	\$ 10,176,135	\$ 192,579	\$ 10,368,714
d.	Deferred tax assets									
	nonadmitted	50,747,463		50,747,463	53,209,642		53,209,642	(2,462,179)		(2,462,179)
e.	Subtotal net									
	admitted deferred									
	tax asset (1c-1d)	\$ 60,071,609	\$ 982,303	\$ 61,053,912	\$ 47,433,295	\$ 789,724	\$ 48,223,019	\$ 12,638,314	\$ 192,579	\$ 12,830,893
f.	Deferred tax									
	liabilities	1,450,134	12,698,479	14,148,613	1,301,940	13,351,920	14,653,860	148,194	(653,441)	(505,247)
g.	Net admitted									
	deferred tax									
	assets/(net deferred	1.				[.		[.		[.
	tax liability) (1e-1f)	\$ 58,621,475	\$(11,716,176)	\$ 46,905,299	\$ 46,131,355	\$(12,562,196)	\$ 33,569,159	\$ 12,490,120	\$ 846,020	\$ 13,336,140

2. Admission Calculation Components SSAP No. 101

<u> </u>	diffission Calculation	T Components	2019		2018			Change			
		1	2	3	4	5	6	7	8	9	
				(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)	
-	F. J. officer	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total	
a.	Federal income taxes paid in prior										
	years recoverable										
	through loss										
		\$ 46,905,300	\$	\$ 46,905,300	\$ 30,798,193	\$	\$ 30,798,193	\$ 16,107,107	\$	\$ 16,107,107	
b.											
	deferred tax assets										
	expected to be realized (excluding										
	the amount of										
	deferred tax assets										
	from 2(a) above)										
	after application of										
	the threshold										
	limitation. (The lesser of 2(b)1 and										
	2(b)2 below)				2,770,967		2,770,967	(2,770,967)		(2,770,967)	
	Adjusted gross				_,,,,,,,,,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=,:::,::)		(=,:::,:::)	
	deferred tax										
	assets										
	expected to be										
	realized following the										
	balance sheet										
	date				2,770,967		2,770,967	(2,770,967)		(2,770,967)	
	2. Adjusted gross					·		,	·	, , , ,	
	deferred tax										
	assets allowed										
	per limitation threshold						2,770,967			(2,770,967)	
C.	Adjusted gross		1				2,110,901			(2,110,901)	
0.	deferred tax assets										
	(excluding the										
	amount of deferred										
	tax assets from 2(a)										
	and 2(b) above) offset by gross										
	deferred tax										
	liabilities	13,166,310	982,303	14,148,613	13,864,136	789,724	14,653,860	(697,826)	192,579	(505,247)	
d.					\$ 47,433,296		\$ 48,223,020		\$ 192,579	\$ 12,830,893	
	admitted as the										
	result of application										

		2019			2018			Change	
	1	2	3	4	5	6	7	8	9
			(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
of SSAP 101.									
Total									
(2(a)+2(b)+2(c))									

3. Other Admissibility Criteria

		2019	2018
a.	Ratio percentage used to determine recovery period and threshold limitation amount	696.7%	760.1%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold		
	limitation in 2(b)2 above	\$ 823,421,541	\$ 737,806,812

4. Impact of Tax Planning Strategies

a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

Determination of adjusted of	ross deferred	tax assets a	and net admitte	ed de	eferred tax asset	s, by tax character	as a	percentage.		
		2019			2018			Change		
	1		2		3	4		5		6
								(Col. 1-3)		(Col. 2-4)
	Ordina	ry	Capital		Ordinary	Capital		Ordinary		Capital
Adjusted gross DTAs amount from Note 9A1(c)	\$ 110,819,	072 \$	32,303	\$	100,642,937	\$ 789,724	\$	10,176,135	\$	192,579
Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		%	%	,	%			%	•	% %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 60,071,	\$,609 98	32,303	\$	47,433,295	\$ 789,724	\$	12,638,314	\$	192,579
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		%	%		%	%		%		%

- (b) Does the company's tax planning strategies include the use of reinsurance? $\underline{\text{NO}}$
- B. Deferred Tax Liabilities Not Recognized

Not applicable

C. Current and Deferred Income Taxes

1. Current Income Tax

	1	2	3
			(Col 1-2)
	2019	2018	Change
a. Federal	\$ 31,120,058	\$ 49,760,046	\$ (18,639,988)
b. Foreign	\$	\$	\$
c. Subtotal	\$ 31,120,058	\$ 49,760,046	\$ (18,639,988)
d. Federal income tax on net capital gains	\$ (561,815)	\$ 3,275,008	\$ (3,836,823)
e. Utilization of capital loss carry-forwards	\$	\$	\$
f. Other	\$ (3,040,785)	\$ (2,808,734)	\$ (232,051)
g. Federal and Foreign income taxes incurred	\$ 27,517,458	\$ 50,226,320	\$ (22,708,862)

2. Deferred Tax Assets

	1	2	3 (Col 1-2)
	2019	2018	Change
a. Ordinary:			
Discounting of unpaid losses	\$ 767,788	\$ 762,084	\$ 5,704
Unearned premium reserve			
Policyholder reserves			
4. Investments			
Deferred acquisition costs	288,862	436,272	(147,410)
Policyholder dividends accrual			
7. Fixed assets	4,950,836	4,889,058	61,778
Compensation and benefits accrual	44,395,406	41,162,866	3,232,540
Pension accrual			

	4		1 •
	1	2	3
			(Col 1-2)
	2019	2018	Change
10. Receivables - nonadmitted	15,849,008	12,869,335	2,979,673
11. Net operating loss carry-forward			
12. Tax credit carry-forward		2,770,967	(2,770,967)
13. Other (items <=5% and >5% of total ordinary tax assets)	44,567,172	39,274,855	5,292,317
Other (items listed individually >5%of total ordinary tax assets)			
99. Subtotal	\$ 110,819,072	\$ 102,165,437	\$ 8,653,635
b. Statutory valuation allowance adjustment		1,522,500	(1,522,500)
c. Nonadmitted	50,747,463	53,209,642	(2,462,179)
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 60,071,609	\$ 47,433,295	\$ 12,638,314
e. Capital:			
1. Investments	\$ 982,303	\$ 789,724	\$ 192,579
Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal	\$ 982,303	\$ 789,724	\$ 192,579
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)	982,303	789,724	192,579
i. Admitted deferred tax assets (2d+2h)	\$ 61,053,912	\$ 48,223,019	\$ 12,830,893

3. Deferred Tax Liabilities

Deferred Tax Liabilities				
		1	2	3 (Col 1-2)
		2019	2018	Change
a. Ordinary:	•			
1. Investments	\$	157,568	\$ 195,270	\$ (37,702)
2. Fixed assets				
Deferred and uncollected premium				
Policyholder reserves				
5. Other (items <=5% and >5% of total ordinary tax liabilities)		1,292,566	1,106,670	185,896
Other (items listed individually >5% of total ordinary tax liabilities)				
99. Subtotal	\$	1,450,134	\$ 1,301,940	\$ 148,194
b. Capital:				
1. Investments	\$	12,698,479	\$ 13,351,920	\$ (653,441)
2. Real estate				
3. Other (Items <=5% and >5% of total capital tax liabilities)				
Other (items listed individually >5% of total capital tax liabilities)				
99. Subtotal	\$	12,698,479		
c. Deferred tax liabilities (3a99+3b99)	\$	14,148,613		
Net Deferred Tax Assets/Liabilities (2i – 3c)	\$	46,905,299	\$ 33,569,159	\$ 13,336,140

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$ 23,533,239	21.0%
Change in nonadmitted assets		%
Proration of tax exempt investment income	1,130,602	1.0%
Tax exempt income deduction	(287,780)	(0.3)%
Dividends received deduction	(4,234,627)	(3.8)%
Disallowed travel and entertainment	124,476	0.1%
Other permanent differences	1,815,752	1.6%
Temporary Differences:	•	
Total ordinary DTAs		%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
Other:		
Statutory valuation allowance adjustment	(1,522,500)	(1.4)%
Accrual adjustment – prior year	149,994	0.1%
Other	(3,185,766)	(2.8)%
Totals	\$ 17,523,390	15.6%
Federal and foreign income taxes incurred	28,079,273	25.1%
Realized capital gains (losses) tax	(561,815)	(0.5)%

	Amount	Effective Tax Rate (%)
Change in net deferred income taxes	(9,994,068)	(8.9)%
Total statutory income taxes	\$ 17,523,390	15.6%

- E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment
 - 1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

At December 31, 2019, the Company did not have any unused operating loss carryforwards available to offset against future taxable income

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2019	\$30,558,244
2018	\$50,376,363

- The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code
- F. Consolidated Federal Income Tax Return
 - 1. The Company's federal income tax return is consolidated with the following entities:

USAble Mutual Insurance Company
USAble Corporation
Group Service Underwriters Inc
USAble Partners LLC

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

The method of allocation among companies is subject to a written agreement, approved by the required authorized officers. The method of allocation chosen is in accordance with IRS Regulation 1.1502-33(d)(2)(I) whereby profitable companies pay tax according to their income or losses. Intercompany tax balances are paid quarterly based on estimates and settled annual upon completion of the consolidated tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date

H. Repatriation Transition Tax (RTT) - RTT owed under the TCJA

Not applicable

I. Alternative Minimum Tax Credit

Was the AMT Credit recognized as a current year recoverable or Deferred Tax Asset (DTA)? Gross AMT Credit Recognized as:

1a	Current year recoverable	\$
1b	Deferred tax asset (DTA)	
2	Beginning Balance of AMT Credit Carryforward	5,541,934
3	Amounts Recovered	5,541,934
4	Adjustments	
5	Ending Balance of AMT Credit Carryforward (5=2-3-4)	
6	Reduction for Sequestration	
7	Nonadmltted by Reporting Entity	
8	Reporting Entity Ending Balance (8=5-6-7)	\$

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved

USAble Mutual Insurance Company, d.b.a. Arkansas Blue Cross Blue Shield, owns 100% of USAble Corporation, 20% of Partnership for a Healthy Arkansas, LLC, and 50% of HMO Partners, Inc.The Company owns 43.07% of LSV, LLC. LSV, LLC owns 100% of USAble Life. As of December 31, 2019, USAble Corporation owns 100% of Pinnacle Insurance Agency, 100% of USAble Partners, LLC 50% of Medsite Health Mgmt, LLC, and 10% of New Directions Behavioral Health Holding Company, LLC.

DTA

B. Transactions

Not Applicable

C. Dollar Amounts of Transactions

Not Applicable

D. Amounts Due From or To Related Parties

At December 31, 2019, the Company reported the following admitted amounts due from Affiliates:

 HMO Partners, Inc.
 \$11,965,015

 USAble Corporation
 523,665

 Blue & You Foundation
 73,326

 USAble Partners, LLC
 9,974

 USAble Life
 17,740

 Medsite Health Management, LLC
 8,188

 Total
 \$12,597,908

At December 31, 2019, the Company reported the following amounts due to Affiliates:

 USAble Corporation
 \$ 135,754

 USAble Life
 7,317

 Total
 \$ 143,072

E. Guarantees or Undertakings

Not Applicable

F. Material Management or Service Contracts and Cost-Sharing Arrangements

Not Applicable

G. Nature of the Control Relationship

Not Applicable

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not Applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not Applicable

J. Investments in Impaired SCAs

Not Applicable

K. Investment in Foreign Insurance Subsidiary

Not Applicable

L. Investment in Downstream Noninsurance Holding Company

Not Applicable

M. All SCA Investments

Not Applicable

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

Би	Balance offeet value (Admitted and Norladmitted) All OOA3 (Except obj Entitles)									
		Percentage of SCA								
	SCA Entity	Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount					
a.	SSAP No. 97 8a Entities									
		%	\$	\$	\$					
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$					
b.	SSAP No. 97 8b(ii) Entities									
		%	\$	\$	\$					
	Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$					
C.	SSAP No. 97 8b(iii) Entities									
	USAble Corporation	100%	347,225,426	347,225,426	\$					

		Percentage of SCA	rcentage of SCA				
	SCA Entity	Ownership		Gross Amount	Adı	mitted Amount	Nonadmitted Amount
	Partnership for a Healthier Arkansas, LLC	20%		99,082		99,082	\$
	Total SSAP No. 97 8b(iii) Entities	XXX	\$	347,324,508	347	,324,508	\$
d.	SSAP No. 97 8b(iv) Entities						
		%	\$		\$		\$
	Total SSAP No. 97 8b(iv) Entities	XXX	\$		\$		\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities)						
	(b+c+d)	XXX	\$	347,324,508	\$	347,324,508	\$
f.	Aggregate Total (a + e)	XXX	\$	347,324,508	\$	347,324,508	\$

(2) NAIC Filing Response Information

INA	AIC Filing Response Information						
						NAIC	
						Disallowed	
						Entities	
					NAIC	Valuation	
	SCA Entity				Response	Method	
	(Should be the same entities as	Type of NAIC	Date of Filing to	NAIC Valuation	Received	Resubmission	
	shown in M(1) above)	Filing*	the NAIC	Amount	Y/N	Required Y/N	Code**
a.	SSAP No. 97 8a Entities						
				\$			
	Total SSAP No. 97 8a Entities	XXX	XXX	\$	XXX	XXX	XXX
b.	SSAP No. 97 8b(ii) Entities						
				\$			
	Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$	XXX	XXX	XXX
C.	SSAP No. 97 8b(iii) Entities						
				\$			
	Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$	XXX	XXX	XXX
d.	SSAP No. 97 8b(iv) Entities						
				\$			
	Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$	XXX	XXX	XXX
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities)						
	(b+c+d)	XXX	XXX	\$	XXX	XXX	XXX
f.	Aggregate Total (a + e)	XXX	XXX	\$	XXX	XXX	XXX
*	C1 Cub 1 C2 Cub 2 or DDE Docubraccion of Disc	allowed Filipa					

^{*} S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

N. Investment in Insurance SCAs

Not Applicable

(1) Accounting Practice that Differs from NAIC Statutory Accounting Practices and Procedures

(2) Monetary Effect on Net Income and Surplus

	Monetary Effect	On NAIC SAP	Amount of Investment		
SCA Entity (Investments in Insurance SCA Entities)	Net Income Increase (Decrease)	Surplus Increase (Decrease)	Per Audited Statutory Equity	If the Insurance SCA Had Completed Statutory Financial Statements*	
	\$	\$	\$	\$	

^{*} Per AP&P Manual (without permitted or prescribed practices)

(3) RBC Regulatory Event Because of Prescribed or Permitted Practice

O. SCA or SSAP 48 Entity Loss Tracking

Not Applicable

				Guaranteed	
			Reporting Entity's	Obligation /	
	Reporting Entity's	Accumulated	Share of Equity,	Commitment for	
	Share of Net	Share of Net	Including Negative	Financial Support	
SCA Entity	Income (Loss)	Income (Losses)	Equity	(Yes/No)	Reported Value
	\$	\$	\$		\$

Note 11 - Debt

A. Debt Including Capital Notes

Not Applicable

B. FHLB (Federal Home Loan Bank) Agreements

^{**} I – Immaterial or M – Material

(1) Nature of the Agreement

The Company is a member of the Federal Home Loan Bank (FHLB) of Dallas. Through its membership, the Company has the ability to conduct business activity (borrowings) with the FHLB. It is part of the Company's strategy to utilize these funds as operational liquidity. (For example backup liquidity, to increase profitability and/or tactical funding and/or to improve spread lending liquidity.) The Company has determined the actual/estimated maximum borrowing capacity as \$ 100,000,000, The Company calculated this amount in accordance with current and potential acquisitions of FHLB capital stock.

(2) FHLB Capital Stock

a. Aggregate Totals

1. Current Year

		Total
(a)	Membership Stock - Class A	\$ 703,700
(b)	Membership Stock - Class B	
(c)	Activity Stock	
(d)	Excess Stock	
(e)	Aggregate Total (a+b+c+d)	\$ 703,700
(f)	Actual or estimated borrowing capacity as	
	determined by the insurer	\$ 100,000,000

2. Prior Year-End

		Total
(a)	Membership Stock – Class A	\$
(b)	Membership Stock – Class B	
(c)	Activity Stock	
(d)	Excess Stock	
(e)	Aggregate Total (a+b+c+d)	\$
(f)	Actual or estimated borrowing capacity as	
	determined by the insurer	\$

¹¹B(2)a1(f) should be equal to or greater than 11B(4)a1(d)

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

	1	2	Eligible for Redemption			
			3	4	5	6
	Current Year			6 Months to		
	Total	Not Eligible for	Less than	Less	1 to Less Than	
Membership Stock	(2+3+4+5+6)	Redemption	6 Months	Than 1 Year	3 Years	3 to 5 Years
1. Class A	\$ 703,700	\$ 703,700	\$	\$	\$	\$
2. Class B	\$	\$	\$	\$	\$	\$

¹¹B(2)b1 Current Year Total (Column 1) should equal 11B(2)a1(a) Total (Column 1)

(3) Collateral Pledged to FHLB

Not Applicable

a. Amount Pledged as of Reporting Date (Current Year0

	1	2	3
	Fair Value	Carrying Value	Aggregate Total Borrowing
Current Year Total Collateral Pledged	\$	\$	\$
Prior Year Total Collateral Pledged	\$	\$	\$

¹¹B(3)a1 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b1 (Columns 1, 2 and 3, respectively)

b. Maximum Amount Pledged During Year

	1	2	3
			Amount Borrowed at Time
	Fair Value	Carrying Value	of Maximum Collateral
Current Year Total Maximum Collateral Pledged	\$	\$	\$
Prior Year Total Maximum Collateral Pledged	\$	\$	\$

(4) Borrowing from FHLB

Not Applicable

a. Amount as of the Reporting Date

1. Current Year

Curr	Current Year								
		1	2						
			Funding Agreements						
		Total	Reserves Established						
(a)	Debt	\$	XXX						
(b)	Funding Agreements		\$						
(c)	Other		XXX						
(d)	Aggregate Total (a+b+c)	\$	\$						

2. Prior Year

¹¹B(2)a2(f) should be equal to or greater than 11B(4)a2(d)

¹¹B(2)b2 Current Year Total (Column 1) should equal 11B(2)a1(b) Total (Column 1)

¹¹B(3)a2 (Columns 1, 2 and 3) should be equal to or less than 11B(3)b2 (Columns 1, 2 and 3, respectively)

		1	2
			Funding Agreements
		Total	Reserves Established
(a)	Debt	\$	XXX
(b)	Funding Agreements		\$
(c)	Other		XXX
(d)	Aggregate Total (a+b+c)	\$	\$

b. Maximum Amount During Reporting Period (Current Year)

	<u> </u>	Total
1.	Debt	\$
2.	Funding Agreements	
3.	Other	
4.	Aggregate Total (Lines 1+2+3)	\$

¹¹B(4)b4 should be equal to or greater than 11B(4)a1(d)

c. FHLB – Prepayment Obligations

1111	D - Frepayment Obligations	
		Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1.	Debt	
2.	Funding Agreements	
3.	Other	

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(1) Change in Benefit Obligation

			Overfunded			Underfunded	1	
			2019		2018	2019		2018
a.	Pen	sion Benefits						
	1.	Benefit obligation at beginning of year	\$	\$		\$	\$	
	2.	Service cost		·				
	3.	Interest cost						
	4.	Contribution by plan participants						
	5.	Actuarial gain (loss)						
	6.	Foreign currency exchange rate changes						
	7.	Benefits paid						
	8.	Plan amendments						
	9.	Business combinations, divestitures, curtailments, settlements and special termination benefits						
	10.	Benefit obligation at end of year	\$	\$		\$	\$	
		· · · · · · · · · · · · · · · · · · ·	Overfunded			Underfunded	ł	
b.	Post	tretirement Benefits	2019		2018	2019		2018
	1.	Benefit obligation at beginning of year	\$ 139,522,000	\$	153,975,000	\$	\$	
	2.	Service cost	646,000		836,000			
	3.	Interest cost	5,774,000		5,387,000			
	4.	Contribution by plan participants						
	5.	Actuarial gain (loss)	14,531,000		(15,328,000)			
	6.	Foreign currency exchange rate changes			, ,			
	7.	Benefits paid	5,466,000		5,348,000			
	8.	Plan amendments						
	9.	Business combinations, divestitures, curtailments, settlements and special termination benefits						
	10.	Benefit obligation at end of year	\$ 155,007,000	\$	139,522,000	\$	\$	
			Overfunded			Underfunded	ł	
C.	Spe	cial or Contractual Benefits per SSAP No. 11	2019		2018	2019		2018
	1.	Benefit obligation at beginning of year	\$	\$		\$	\$	
	2.	Service cost						
	3.	Interest cost						
	4.	Contribution by plan participants						
	5.	Actuarial gain (loss)						
	6.	Foreign currency exchange rate changes						
	7.	Benefits paid						
	8.	Plan amendments						
	9	Business combinations, divestitures, curtailments, settlements and special termination benefits						
	10.	Benefit obligation at end of year	\$	\$		\$	\$	

(2) Change in Plan Assets

Not Applicable

		Per	nsion Benefits	Postretirem	Postretirement Benefits		or Contractual per SSAP No. 11
		2019	2018	2019	2018	2019	2018
a.	Fair value of plan assets at beginning of year	\$	\$	\$	\$	\$	\$
b.	Actual return on plan assets						
C.	Foreign currency exchange rate changes						
d.	Reporting entity contribution						
e.	Plan participants' contributions						
f.	Benefits paid						
g.	Business combinations, divestitures and settlements						
h.	Fair value of plan assets at end of year	\$	\$	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

(3) Funded Status

Not Applicable

			Pension Benefits		Postretiremen	t Benefits
			2019	2018	2019	2018
a.	Con	nponents	·		•	•
	1.	Prepaid benefit costs	\$	\$	\$	\$
	2.	Overfunded plans assets	\$	\$	\$	\$
	3.	Accrued benefit costs	\$	\$	\$	\$
	4.	Liability for pension benefits	\$	\$	\$	\$
b.	Ass	ets and liabilities recognized				
	1.	Assets (nonadmitted)	\$	\$	\$	\$
	2.	Liabilities recognized	\$	\$	\$	\$
C.	Unr	ecognized liabilities	\$	\$	\$	\$

(4) Components of Net Periodic Benefit Cost

		Pension	Benefits	Postretirement	Benefits	Special or Contractual Benefits per SSAP No. 11		
		2019	2018	2019	2018	2019	2018	
a.	Service cost	\$	\$	\$ 646,000	\$ 836,000	\$	\$	
b.	Interest cost			5,774,000	5,387,000			
C.	Expected return on plan assets							
d.	Transition asset or obligation							
e.	Gains and losses				544,000			
f.	Prior service cost or credit			(1,834,000)	(2,614,000)			
g.	Gain or loss recognized due to a settlement curtailment							
h.	Total net periodic benefit cost	\$	\$	\$ 4,586,000	\$ 4,153,000	\$	\$	

(5) Amounts in Unassigned Funds (Surplus) Recognized as Components of Net Periodic Benefit Cost

		Pension Benefits		Postretirement Benefits	
		2019	2018	2019	2018
	ot yet recognized as a component of net periodic rior year	\$	\$	\$	\$
b. Net tran	sition asset or obligation recognized				
c. Net prio	r service cost or credit arising during the period				
d. Net prio	r service cost or credit recognized				
e. Net gair	and loss arising during the period				
f. Net gair	and loss recognized				
•	ot yet recognized as a component of net periodic urrent period	\$	\$	\$	\$

(6) Amounts in Unassigned Funds (Surplus) That Have Not Yet Been Recognized as Components of Net Periodic Benefit Cost

Not Applicable

		Pension Benefits		Postretirement	Benefits
		2019	2018	2019	2018
a.	Net transition asset or obligation	\$	\$	\$	\$
b.	Net prior service cost or credit	\$	\$	\$	\$
C.	Net recognized gains and losses	\$	\$	\$	\$

(7) Weighted-Average Assumptions Used to Determine Net Periodic Benefit Cost as of December 31

		2019	2018
a.	Weighted-average discount rate	3.2%	4.2%
b.	Expected long-term rate of return on plan assets	%	%
C.	Rate of compensation increase	3.5%	3.5%
d.	Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%
Wei	ghted-average assumptions used to determine projected benefit obligations as of December 31		
e.	Weighted-average discount rate	3.2%	4.2%
f.	Rate of compensation increase	3.5%	3.5%
g.	Interest crediting rates (for cash balance plans and other plans with promised interest crediting rates)	%	%

(8) Accumulated Benefit Obligation for Defined Benefit Pension Plans

Not Applicable

(9) For Postretirement Benefits Other Than Pensions, the Assumed Health Care Cost Trend Rate(s)

Not Applicable

(10) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the year indicated:

Year(s)		Amount
a.	2020	\$ 5,592,000
b.	2021	\$ 5,911,000
C.	2022	\$ 6,194,000
d.	2023	\$ 6,606,000
e.	2024	\$ 6,925,000
f.	2025 through 20	\$ 38,940,000

(11) Estimate of Contributions Expected to be Paid to the Plan

Not Applicable

(12) Amounts and Types of Securities Included in Plan Assets

Not Applicable

(13) Alternative Method Used to Amortize Prior Service Amounts or Net Gains and Losses

Not Applicable

(14) Substantive Comment Used to Account for Benefit Obligation

Not Applicable

(15) Cost of Providing Special or Contractual Termination Benefits Recognized

Not Applicable

(16) Reasons for Significant Gains/Losses Related to Changes in Defined Benefit Obligation and any Other Significant Change in the Benefit Obligations or Plan Assets Not Otherwise Apparent

Not Applicable

(17) Accumulated Postretirement and Pension Benefit Obligation and Fair Value of Plan Assets for Defined Postretirement and Pension Benefit Plans

(18) Full Transition Surplus Impact of SSAP 102

Not Applicable

В. Investment Policies and Strategies

Not Applicable - Unfunded Plan

C. Fair Value of Plan Assets

Not Applicable - Unfunded Plan

Fair Value Measurements of Plan Assets at Reporting Date

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Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
	\$	\$	\$	\$
Total Plan Assets	\$	\$	\$	\$

- (2) Valuation Technique(s) and Inputs Used to Measure Fair Value
- D. Basis Used to Determine Expected Long-Term Rate-of-Return

Not Applicable - Unfunded Plan

E. **Defined Contribution Plans**

> The Company offers an optional 401(k) plan to all eligible employees. The employee has the option of deferring up to 50% of his or her salary. The Company matches the amount deferred by the employee based upon years of service from a minimum of 50% to a maximum of 100% of a 6% contribution.

> Effective July 1, 1998 the plan was amended to establish a non-contributory, defined contribution portion of the plan known as 401(k) Plu\$. Employees are not required to participate in the original defined contribution plan in order to receive benefits under the 401(k) Plu\$ portion of the plan. Under the 401(k) Plu\$ the Company makes a minimum contribution of 2% of the eligible compensation of all eligible employees. The determination of the percentage to be used in calculating the contribution is based upon annually established net income targets. At no time will the contribution be less than 2%. For 2019, 6% has been used to calculate the Company's contribution of \$12,570,273.

F. Multiemployer Plans

The Company does not participate in mutli-employer plans.

G. Consolidated/Holding Company Plans

Not Applicable

H. Postemployment Benefits and Compensated Absences

The Company does not offer a postretirement benefit plan.

- Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
 - (1) Recognition of the Existence of the Act

Not Applicable

(2) Effects of the Subsidy in Measuring the Net Postretirement Benefit Cost

Not Applicable

(3) Disclosure of Gross Benefit Payments

Not Applicable

Note 13 - Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

Number of Share and Par or State Value of Each Class

As of December 31, 2019, the Company had no common capital shares authorized, issued or outstanding.

(2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

The Company has no preferred stock outstanding.

(3) Dividend Restrictions

The Company has no dividend restrictions.

(4) Dates and Amounts of Dividends Paid

As a Mutual Insurer, the Company can only pay dividends on participating polices and the Company does not issue participating polices.

(5) Profits that may be Paid as Ordinary Dividends to Stockholders

Not Applicable

(6) Restrictions Placed on Unassigned Funds (Surplus)

The Company had no restrictions on its unassigned surplus.

(7) Amount of Advances to Surplus not Repaid

The Company does not have any advances to surplus.

(8) Amount of Stock Held for Special Purposes

Not Applicable

(9) Reasons for Changes in Balance of Special Surplus Funds from Prior Period

The Company has no special surplus funds.

- (10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$43,933,507.
- (11) The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations

The Company has no Surplus Notes as of December 31, 2019.

		Par Value		Principal and/or	Total Principal	Unapproved	
		(Face Amount of	Carrying Value of	Interest Paid	and/or Interest	Principal and/or	
Date Issued	Interest Rate	Notes)	Note*	Current Period	Paid	Interest	Date of Maturity
	%	\$	\$	\$	\$	\$	
1311999. Total	XXX	\$	\$	\$	\$	\$	XXX

Total should agree with Page 3, Line 29.

(12) The impact of any restatement due to prior quasi-reorganizations is as follows

The Company was not involved in a quasi-reorganization.

	Change in	Change in Gross Paid in
Description (Year)	Surplus	and Contributed Surplus
	\$	\$

(13) Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

Not Applicable

Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments

None

(1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: § .

(2) Detail of other contingent commitments

			Maximum Potential	
			Amount of Future	
			Payments	
	Liability Recognition		(Undiscounted) the	
	of Guarantee,		Guarantor could be	
	(Include Amount		Required to make	Current Status of
	Recognized at		under the	Payment or
	Inception. If no Initial	Ultimate Financial	Guarantee. If	Performance Risk of
	Recognition,	Statement Impact if	unable to Develop	Guarantee. Also
	Document Exception	Action under the	an Estimate, this	Provide Additional
Nature and Circumstances of Guarantee and Key Attributes,	Allowed Under	Guarantee is	Should be	Discussion as
Including Date and Duration of Agreement	SSAP No. 5R)	Required	Specifically Noted	Warranted
	\$		\$	
Total	\$	XXX	\$	XXX

(3) Guarantee Obligations

a.		regate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to e under guarantees. (Should equal total of column 4 for (2) above.)	\$	
b.	Curr	ent liability recognized in F/S.		
	1.	Noncontingent liabilities	\$	
	2.	Contingent liabilities	\$	
C.	c. Ultimate financial statement impact if action under the guarantee is required.			
	1.	Investments in SCA	\$	
	2.	Joint Venture		
	3.	Dividends to stockholders (capital contribution)		
	4.	Expense		
	5.	Other		
	6.	Total (should equal (3)a)	\$	

B. Assessments

None

- (1) Assessments Where Amount is Known or Unknown
- (2) Assessments

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$
b.	Decreases current year:	
C.	Increases current year:	
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$

(3) Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts

a. Discount Rate Applied <u>%</u>

b. The undiscounted and discounted amount of the guaranty fund assessments and related assets by insolvency:

	Guaranty Fund Assessment		Related	Assets
Name of the Insolvency	Undiscounted	Discounted	Undiscounted	Discounted
	\$	\$	\$	\$

Number of jurisdictions, ranges of years used to discount and weighted average number of years of the discounting time period for payables and recoverables by insolvency:

	Payables		Recoverables			
	Weighted Average		N	D (Weighted Average	
	Number of	Range of	Number of	Number of	Range of	Number of
Name of the Insolvency	Jurisdictions	Years	Years	Jurisdictions	Years	Years

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

None

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period:

(a)	(b)	(c)	(d)	(e)
0-25 Claims	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 Claims

Indicate whether claim count information is disclosed per claim or per claimant:

- (f) Per Claim [] (g) Per Claimant []
- E. Joint and Several Liabilities

None

F. All Other Contingencies

The Company, along with the Blue Cross and Blue Shield Association and 35 other independent "Blue" licensee companies, is defending a collection of antitrust lawsuits that is currently consolidated as one action in the U.S. District Court for the Northern District of Alabama in Birmingham, known as "MDL 2406". While the Company does not believe that any of the allegations of these lawsuits have merit because the Company has not conspired (as alleged in the lawsuit) to suppress competition in any manner, the Company nevertheless believes it prudent from a financial management perspective to establish reserves against any contingencies related to these lawsuits, including potential settlement of some or all of the claims asserted.

Note 15 – Leases

- A. Lessee Operating Lease
 - (1) Lessee's Leasing Arrangements
 - a. Rental Expense

The Company leases office equipment and space under various noncancelable operating lease agreements that expire through January 2024. Rental expense for 2019, and 2018 was approximately \$7,719,855 and \$8,071,154.

b. Basis on Which Contingent Rental Payments are Determined

Not Applicable

c. Existence and Terms of Renewal or Purchase Options and Escalation Clauses

Not Applicable

d. Restrictions Imposed by Lease Agreements

Not Applicable

e. Identification of Lease Agreements that have been Terminated Early

- (2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year
 - a. At December 31, 2019 the minimum aggregate rental commitments are as follows:

Yea	ar Ending December 31	Operating Leases				
1.	2020	\$ 5,645,116				
2.	2021	\$ 422,184				
3.	2022	\$ 102,780				
4.	2023	\$ 25,695				
5.	2024	\$				
6.	Total	\$ 6,195,775				

b. Total of Minimum Rentals to be Received in the Future under Noncancelable Subleases

Not Applicable

- (3) For Sale-Leaseback Transactions
 - a. Terms of the Sale-Leaseback Transactions

Not Applicable

b. Obligation of Future Minimum Lease Payments and Total of Minimum Sublease Rentals

Not Applicable

B. Lessor Leases

- (1) Operating Leases:
 - a. Lessor's Leasing Arrangements

Not Applicable

b. Cost and Carrying Amount of Property on Lease or Held for Leasing

Not Applicable

c. Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:

Not Applicable

Ye	ear Ending December 31	Operating Leases
1.	2020	\$
2.	2021	\$
3.	2022	\$
4.	2023	\$
5.	2024	\$
6.	Total	\$

d. Total Contingent Rentals

Not Applicable

- (2) Leveraged Leases:
 - a. Terms Including Pretax Income from Leveraged Leases

Not Applicable

b. Pretax Income, Tax Effect and Investment Tax Credit

Not Applicable

		2019	2018
1.	Income from leveraged leases before income tax including investment tax credit	\$	\$
2.	Less current income tax	\$	\$
3.	Net income from leveraged leases	\$	\$

c. The components of the investment in leveraged leases at December 31, 2019 and 2018 were as shown below:

		2019	2018
1.	Lease contracts receivable (net of principal and interest on non-recourse financing)		
2.	Estimated residual value of leased assets		
3.	Unearned and deferred income		
4.	Investment in leveraged leases		
5.	Deferred income taxes related to leveraged leases		
6.	Net investment in leveraged leases		

Not Applicable

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

1. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:

Not Applicable

		Assets		Liabilities	
		2019	2018	2019	2018
a.	Swaps	\$	\$	\$	\$
b.	Futures				
C.	Options				
d.	Total	\$	\$	\$	\$

2. Nature and Terms of Off-Balance Sheet Risk

Not Applicable

3. Amount of Loss if any Party to the Financial Instrument Failed

Not Applicable

4. Collateral or Other Security Required to Support Financial Instrument

Not Applicable

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales
 - (1) Proceeds to the Transferor Not Applicable
 - (2) Gain or Loss Record on Sale Not Applicable
- B. Transfer and Servicing of Financial Assets
 - (1) Description of any Loaned Securities

Not Applicable

(2) Servicing Assets and Servicing Liabilities

Not Applicable

(3) When Servicing Assets and Liabilities are Measured at Fair Value

Not Applicable

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales

(a)

Not Applicable

(b)

Not Applicable

(5) Disclosure Requirements for Transfers of Assets Accounted for as Secured Borrowing

Not Applicable

(6) Transfer of Receivables with Recourse

Not Applicable

(7) Securities Underlying Repurchase and Reverse Repurchase Agreements, Dollar Repurchase and Dollar Reverse Repurchase Agreements

Not Applicable

C. Wash Sales

Not Applicable

(1) Description of the Objectives Regarding These Transactions

Not Applicable

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2019 and reacquired within 30 days of the sale date are:

Not Applicable

	NAIC	Number of	Book Value of	Cost of Securities	
Description	Designation	Transactions	Securities Sold	Repurchased	Gain/(Loss)
			\$	\$	\$

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

The gain from operations from Administrative Services Only (ASO) uninsured plans and he uninsured portion of partially insured plans was as follows during 2019:

		(ASO Jninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	(2,273,118)	\$	\$ (2,273,118)
b.	Total net other income or expenses (including interest paid to or received from plans)				
C.	Net gain or (loss) from operations		(2,273,118)		(2,273,118)
d.	Total claim payment volume	\$	236,712,861	\$	\$ 236,712,861

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and the uninsured portion of partially insured plans was as follows

during 2019:

		ASC	Uninsured Portion of	Total
		Uninsured Plans	Partially Insured Plans	ASC
a.	Gross reimbursement for medical cost incurred	\$ 3,383,607,862	\$	\$ 3,383,607,862
b.	Gross administrative fees accrued	261,649,161		261,649,161
C.	Other income or expenses (including interest paid to or received			
	from plans)	(304,855)		(304,855)
d.	Gross expenses incurred (claims and administrative)	3,632,265,492		3,632,265,492
e.	Total net gain or loss from operations	\$ 12,686,676	\$	\$ 12,686,676

- C. Medicare or Similarly Structured Cost Based Reimbursement Contract
 - (1) Major Components of Revenue by Payor

Not Applicable

- (2) Receivables from Payors with Account Balances the Greater of 10% of Amounts Receivable Relating to Uninsured Accident and Health Plans or \$10,000

 Not Applicable
- (3) Recorded Allowances and Reserves for Adjustment of Recorded Revenues

Not Applicable

(4) Adjustments to Revenue Resulting from Audit of Receivables Related to Revenues Recorded in the Prior Period

Not Applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company does not currently have direct premium written/produced by managing general agents/third party administrators.

Name and Address of				Types of	Total Direct Premiums
Managing General Agent or	FEIN	Exclusive		Authority	Written/
Third Party Administrator	Number	Contract	Types of Business Written	Granted	Produced By
					\$
					\$
Total	XXX	XXX	XXX	XXX	·

The Company does not currently have direct premium written/produced by managing general agents/third party administrators.

Note 20 - Fair Value Measurements

- A. Fair Value Measurements
 - (1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	N	et Asset Value (NAV)	Total
Assets at Fair Value	(Level I)	(Level 2)	(Level 3)		(IVAV)	TOtal
Assets at Fall Value						
Other Invested Assets	\$	\$	\$	\$	118,145,004	\$ 118,145,004
Bonds	\$	\$	\$	\$		\$
Industrial and Misc	\$	\$ 640,115	\$	\$		\$ 640,115
Common Stock	\$	\$	\$	\$		\$
Industrial and Misc	\$ 35,503,763	\$ 11,853,041	\$	\$		\$ 47,356,803
Mutual Fund	\$	\$	\$	\$		\$
Parent, Subsididaries and Affiliates	\$	\$	\$ 381,496,942	\$		\$ 381,496,942
Total	\$ 35,503,763	\$ 12,493,156	\$ 381,496,942	\$	118,145,004	\$ 547,638,864
Liabilities at Fair Value						
	\$	\$	\$	\$		\$
Total	\$	\$	\$	\$		\$

Description	Beginning Balance at 1/1/2019	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settle- ments	Ending Balance at 12/31/2019
a. Assets										
Parent, Subsididaries										
and Affiliates	\$169,735,848	\$	\$	\$	\$ 11,761,093	\$200,000,000	\$	\$	\$	\$381,496,941
Total	\$169,735,848	\$	\$	\$	\$ 11,761,093	\$200,000,000	\$	\$	\$	\$381,496,941
b. Liabilities										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3) Policies when Transfers Between Levels are Recognized Not Applicable
- 4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement Fair Value pricing obtained, where applicable from market prices provided by US Bank, Institutional Trust and Custody, custodian for investment assets, or where applicable, from the NAIC Valuation of Securities database, for assets not priced by US Bank. There has been no change in this valuation technique.
- (5) Fair Value Disclosures Not Applicable
- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

Not Applicable

C. Fair Value Level

	Aggregate Fair					Net Asset Value	Not Practicable
Type of Financial Instrument	Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	(NAV)	(Carrying Value)
Other Invested Assets	\$ 118,145,004	\$ 118,145,004	\$	\$	\$	\$ 118,145,004	\$
Bonds	\$ 640,115	\$ 640,115	\$	\$ 640,115	\$	\$	\$
Common Stock	\$ 428,853,745	\$ 428,853,745	\$ 35,503,763	\$ 11,853,041	\$ 381,496,941	\$	\$

D. Not Practicable to Estimate Fair Value

Not Applicable

		Effective Interest		
Type of Class or Financial Instrument	Carrying Value	Rate	Maturity Date	Explanation
	\$			

E. NAV Practical Expedient Investments

1. Martingale Investment Trust - Series 1 Low Volatility Large Cap+

This strategy seeks to meet or exceed equity market returns while realizing significantly less volatility. This investment focuses on identifying and investing in low risk companies with sound fundamental properties. The portfolio is considered to be a low risk portfolio with broad, stable sector diversification. The fund contains 214 individual holdings as of 12/31/2019 with the top 10% of all holdings representing 13.0% of all fund holdings. Overall, the risk target of this portfolio is to perform with 70%-80% of the overall market volatility of the Russell 1000 Index.

The fund is able to be liquidated on a monthly basis. Because the underlying portfolio contains assets that are part of the Russell 1000 Index, it is very probable that the fund would not liquidate at the NAV of a prior month. It is possible the fund could be liquidated at a higher or lower price depending on overall market actions.

Barings U.S. Loan Fund Series - Tranche A

The Barings investment process is a focused and detailed fundamental bottom-up due diligence. The firm's investment philosophy is based on the belief that long-term, risk-adjusted returns can best be achieved through active portfolio management coupled with strong fundamental credit underwriting with the goal of minimizing principal losses. The firm takes a credit-intensive approach when selecting assets that seeks to determine where favorable value exists within companies on a relative basis to other investment alternatives.

The average number of loans in the portfolio is 183 at the end of the fourth quarter 2019, with 13.3% in the top ten holdings. The portfolio is diversified across eleven sectors, with six sectors containing more than 10% of all holdings. Average annualized default since inception is 0.5%, while the historical average is 2.9%.

The fund has daily liquidity but a 30 calendar day prior to withdraw notice is necessary. As of 12/31/2019, there are \$1.2 Billion assets in the Commingled Fund.

- 2. Not Applicable (The investments can be redeemed on a monthly basis.)
- 3. Not Applicable (There is no required capital commitment for the investments in Martingale or Barings)
- 4. Redemption of shares of either holding are processed on a monthly basis at prevailing market NAV.
- 5. Not Applicable

6. Not Applicable (There are no restrictions to viewing the investments of the Martingale Investment Trust – Series 1 Low Volatility Large Cap+ or the Barings U.S. Loan Fund Series – Tranche A. The holdings are provided to the Investor in each of the fund's annual reports, and can be requested at any month end closing.)

7. Not Applicable (The investor has not made a decision to redeem shares of the Martingale Investment Trust – Series 1 Low Volatility Large Cap+ or the Barings U.S. Loan Fund Series – Tranche A at this time.)

Note 21 - Other Items

A. Unusual or Infrequent Items

The Company had no unusual or infrequent items.

B. Troubled Debt Restructuring Debtors

The Company had no troubled debt restructuring as of December 31, 2019.

C. Other Disclosures

The Company did not have any other disclosures items.

D. Business Interruption Insurance Recoveries

The Company has no business interruption insurance recoveries.

- E. State Transferable and Non-Transferable Tax Credits
 - 1) Carrying Value of Transferable and Non-Transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-Transferable State Tax Credits by State and in Total

The Company has no state transferable tax credits.

Description of State Transferable and Non-Transferable Tax Credits	State	Carrying Value	Unused Amount
		\$	\$
Total		\$	\$

(2) Method of Estimating Utilization of Remaining Transferable and Non-Transferable State Tax Credits

Not Applicable

(3) Impairment Loss

Not Applicable

(4) State Tax Credits Admitted and Nonadmitted

Not Applicable

		Total Admitted	Total Nonadmitted
a.	Transferable	\$	\$
b.	Non-Transferable	\$	\$

- F. Subprime Mortgage Related Risk Exposure
 - (1) Description of the Subprime-Mortgage-Related Risk Exposure and Related Risk Management Practices

The Company does not engage in sub-prime residential mortgage lending. The Company holds direct investments in collateralized debt obligations that are backed by subprime mortgages. The Company's exposure to subprime lending is limited by its investment guidelines.

The book adjusted carrying value of the Company's investment in enterprises that engage in residential mortgage lending accumulates to \$3,783,465. This represents 0.63% of the Company's long-term bond holdings of \$603,181,207. Actual cost is \$3,788,255, fair value, \$3,786,404.

(2) Direct Exposure Through Investments in Subprime Mortgage Loans

The Company has direct exposure through investments described in the response to question #1.

		Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a.	Mortgages in the process of foreclosure	\$	\$	\$	\$	%
b.	Mortgages in good standing					%
C.	Mortgages with restructured					
	terms					%

		Book/Adjusted Carrying Value	FainValue	Value of Land	Other-Than-Temporary Impairment Losses	
		(Excluding Interest)	Fair Value	and Buildings	Recognized	Default Rate
d.	Total	\$	\$	\$	\$	XXX

(3) Direct Exposure Through Other Investments

The Company has no material direct exposure through other investments.

			Book/Adjusted Carrying Value (Excluding		Other-Than-Temporary Impairment Losses
		Actual Cost	Interest)	Fair Value	Recognized
a.	Residential mortgage-backed securities	\$	\$	\$	\$
b.	Commercial mortgage-backed securities				
C.	Collateralized debt obligations				
d.	Structured securities				
e.	Equity investments in SCAs*				
f.	Other assets				
g.	Total	\$	\$	\$	\$

These investments comprise % of the company's invested assets.

(4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

The Company has no underwriting exposure to subprime mortgage risk through Mortgage Guaranty or Financial Guaranty Insurance Coverage.

		Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at end of Current Period	IBNR Reserves at End of Current Period
a.	Mortgage guaranty coverage	\$	\$	\$	\$
b.	Financial guaranty coverage				
C.	Other lines (specify):				
d.	Total	\$	\$	\$	\$

G. Retained Assets

(1) Description of How Accounts are Structured and Reporting

The Company has no retained assets.

(2) Retained Assets In Force

	In	r Force	In Force	
	As of End of	f Current Year	As of End of Prior Year	
	Number	Balance	Number	Balance
a. Up to and including 12 months		\$		\$
b. 13 to 24 months				
c. 25 to 36 months				
d. 37 to 48 months				
e. 49 to 60 months				
f. Over 60 months				
g. Total		\$		\$

(3) Segregation Between Individual and Group Contracts

		Individual		Group)
		Number	Balance/Amount	Number	Balance/Amount
a.	Number/balance of retained asset account at the beginning of the year		\$		\$
b.	Number/amount of retained asset accounts issued/added during the year				
C.	Investment earnings credited to retained asset accounts during the year	N/A		N/A	
d.	Fees and other charges assessed to retained asset accounts during the year	N/A		N/A	
e.	Number/amount of retained asset accounts transferred to state unclaimed property funds during the year				
f.	Number/amount of retained asset accounts closed/withdrawn during the year				

		Individual		Group	
		Number	Balance/Amount	Number	Balance/Amount
g.	Number balance of retained asset accounts at the end of the year g=a+b+c-d-e-f		\$		\$

Η. Insurance-Linked Securities (ILS) Contracts

The Company has no insurance-linked securities (ILS) contracts.

			Number of Outstanding ILS Contracts	Aggregate Maximum Proceeds
Man	agen	nent of Risk Related to:		
(1)	Dire	ctly-Written Insurance Risks		
	a.	ILS Contracts as Issuer		\$
	b.	ILS Contracts as Ceding Insurer		
	C.	ILS Contracts as Counterparty		
(2)	Ass	umed Insurance Risks		
	a.	ILS Contracts as Issuer		\$
	b.	ILS Contracts as Ceding Insurer		
	C.	ILS Contracts as Counterparty		

l. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy

Not Applicable

		Amount	Percent
(1)	Amount of Admitted Balance that Could Be		
	Realized from an Investment Vehicle	\$	
(2)	Percentage Bonds		%
(3)	Percentage Stocks	%	
(4)	Percentage Mortgage Loans	%	
(5)	Percentage Real Estate		%
(6)	Percentage Cash and Short-Term Investments	%	
(7)	Percentage Derivatives	%	
(8)	Percentage Other Invested Assets		%

Note 22 - Events Subsequent

Subsequent events have been considered through for these statutory financial statements which are to be issued on .

Did the reporting entity write accident and health insurance premium that is subject to Section 9010

	of the Federal Affordable Care Act (YES/NO)?			Yes [X]	No [
			2019	2018	
B.	ACA fee assessment payable for the upcoming year	\$	42,870,062	\$	
С	ACA fee assessment paid	\$		\$ 43,550	,749
D.	Premium written subject to ACA 9010 assessment	\$	2,079,793,001	\$	
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 14)	\$	919,065,983		
F.	Total adjusted capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$	876,195,921		
G.	Authorized control level (Five-Year Historical Line 15)	\$	125,188,323		
H.	Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level (YES)	NO)?		Yes[]	No [X]

Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level (YES/NO)?

Yes [] No [X]

Note 23 - Reinsurance

Ceded Reinsurance Report

Section1 - General Interrogatories

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [] No [X] If yes, give full details.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes $[\]$ No $[\ X\]$ If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No [X]
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. §
 - b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? §
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes[] No[X] If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$-0-**
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [] No [X] If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? §
- B. Uncollectible Reinsurance

The Company did not have any uncollectible reinsurance written off during the year.

(1) The Company has written off in the current year reinsurance balances due from the entities listed below, the amount of: \$

a.	Losses incurred	\$
b.	Loss adjustment expenses incurred	\$
C.	Premiums earned	\$
d.	Other	\$
	Entity	Amount
		\$

C. Commutation of Ceded Reinsurance

There was not commutation of ceded reinsurance during the year.

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Losses incurred	\$
(2)	Loss adjustment expenses incurred	\$
(3)	Premiums earned	\$
(4)	Other	\$
	Entity	Amount
		\$

- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
 - (1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

There were no certified reinsurer rating downgraded or status subject to revocation during the year.

a. Certified Reinsurers Downgraded or Status Subject to Revocation

					Collateral		
				Collateral	Percentage		
	Relationship to			Percentage	Requiremen	Net Obligation	Collateral
	Reporting	Date of		Requirement	t	Subject to	Required (But
Name of Certified Reinsurer	Entity	Action	Jurisdiction of Action	Before	After	Collateral	Not Received)
				%	%	\$	\$

b. Impact to the Reporting Entity as a Result of the Assuming Entity's Downgraded or Revocation of Certified Reinsurer Status

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

There were no certified reinsurer rating downgraded or status subject to revocaton.

a. Certified Reinsurer Rating is Downgraded or Status Subject to Revocation

		Collateral	Collateral		
		Percentage	Percentage	Net Obligation	Collateral
		Requiremen	Requiremen	Subject to	Required (But
Date of Action	Jurisdiction of Action	t Before	t After	Collateral	Not Received)
		%	%	\$	\$

b. Impact to the Reporting Entity as a Result of the Certified Reinsurer Rating Downgraded or Revocation of Certified Reinsurer Status

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used to Estimate Accrued Retrospective Premium Adjustments

The Company estimates accrued retrospective premium adjustments for its group health insurance business through a mathematical approach using an algorithm of the company's underwriting rules and experience practices.

B. Retrospective Premiums Recorded Through Written Premium or Adjustment to Earned Premium

The Company records accrued retrospective premium adjustments to earned premium.

C. Amount and Percentage of Net Premiums Written Subject to Retrospective Rating Features

The amount of net premiums written by the Company at December 31, 2019 that are subject to retrospective rating features was \$ 2.205 billion, that represented 89.3% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	1	2	3	4		5
		Small Group	Large Group	Other Categories		
	Individual	Employer	Employer	with Rebates	Т	otal
Prior Reporting Year						
(1) Medical loss ratio rebates incurred	\$	\$	\$	\$ (227,038)	\$	(227,038)
(2) Medical loss ratio rebates paid	\$	\$	\$	\$ 607,794	\$	607,794
(3) Medical loss ratio rebates unpaid	\$	\$	\$	\$ 1,840,421	\$	1,840,421
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$	329,301
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$	
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$	2,169,722
Current Reporting Year-to-Date						
(7) Medical loss ratio rebates incurred	\$	\$	\$	\$	\$	
(8) Medical loss ratio rebates paid	\$	\$	\$	\$ 1,840,421	\$	1,840,421
(9) Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$	
(10) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$	
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$	
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$	

- E. Risk-Sharing Provisions of the Affordable Care Act
 - (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [X] No []

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a. Pei	rmanent ACA Risk Adjustment Program	AMOUNT
Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$
Liabilities	3	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$
3.	Premium adjustments payable due to ACA Risk Adjustment (including high-risk pool premium)	\$ 19,973,603
Operatio	ns (Revenue & Expenses)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk	
	Adjustment	\$ (6,356,164)
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$ 328,874

b	Transitional ACA Reinsurance Program	AMOUNT

Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$
Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
Operatio	ns (Revenue & Expenses)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 111,157
9.	ACA Reinsurance contributions – not reported as ceded premium	\$ •

c. Ter	c. Temporary ACA Risk Corridors Program								
Assets									
1.	Accrued retrospective premium due to ACA Risk Corridors Liabilities	\$							
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$							
Operatio	ns (Revenue & Expenses)								
3.	Effect of ACA Risk Corridors on net premium income (paid/received) \$ \$ ** ** ** ** ** ** ** **								
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$							

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons

	for adj	ustments to pr	rior year baland	e:		1		1			1	
						Differences		Adjustments		Ref		Balances Reporting Date
		Business Before the Prior	Year on Written Dec. 31 of Year	the Prior	Year on Written Dec. 31 of Year	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
		1	2	3	4	5	6	7	8		0	10
	D	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
	Permanent ACA Risk Adjustment Program		T		Γ	Γ	Γ	T	Γ	1	1	Γ
	Premium adjustments receivable (including high-risk pool payments) Premium adjustments	\$ 4,765,569	\$	\$ 16,410,120	\$	\$ (11,644,551)	\$	\$ 11,644,551	\$	Α	\$	\$
	(payable) (including high-risk pool		4 427 525		2 240 000		4 007 525	1 007 525		_	1 007 525	4 007 525
-	premium) 3. Subtotal ACA		4,437,525		3,349,990		1,087,535	1,087,535		В	1,087,535	1,087,535
	Permanent Risk Adjustment Program	\$ 4,765,569	\$ 4,437,525	\$ 16,410,120	\$ 3,349,990	\$ (11,644,551)	\$ 1,087,535	\$ 12,732,086	\$		\$ 1,087,535	\$ 1,087,535
b.	Transitional ACA Reinsurance Program											
	Amounts recoverable for claims paid	\$ 211,218	\$	\$ 322,375	\$	\$ (111,157)	\$	\$ 111,157	\$	С	\$	\$
	Amounts recoverable for claims unpaid (contra liability)									D		
	3. Amounts receivable relating to uninsured plans									E		
	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium									F		
	5. Ceded reinsurance premiums payable									G		
	6. Liability for amounts held under uninsured plans									Н		
	7. Subtotal ACA Transitional Reinsurance Program	\$ 211,218	\$	\$ 322,375	\$	\$ (111,157)	\$	\$ 111,157	\$		\$	\$
	Temporary ACA Risk Corridors Program		T		Γ	Г	Γ	T	Γ		T	Г
	promiani	\$	\$	\$	\$	\$	\$	\$	\$	1	\$	\$
	Reserve for rate credits or policy experience rating refunds									J		
	Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

				Differences		Adjustments		Ref		Balances Reporting Date		
		Accrued the Prior Business Before the Prior	Year on Written Dec. 31 of	Received or the Current Business Before the Prior	Year on Written Dec. 31 of	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
		1	2	3	4	5	6	7	8		0	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
d.	Total for ACA Risk-Sharing Provisions	\$ 4,976,787	\$ 4.437.525	\$ 16.732.495	\$ 3,349,990	\$ (11,755,708)	\$ 1,087,535	\$ 12,843,243	s		\$ 1,087,535	\$ 1,087,535

Explanations of Adjustments

A. Adj for 2018 ReceivableB. Adj for 2018 PayableC. 2016 received in 2019

C. D. E. F. G. H.

4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

(4) Roll-F	orward of Risk	Corridors Ass	et and Liability	Balances by I	Program Bene	tit Year					
					Differences		Adjustments			Unsettled Balances as of the Reporting Date	
	Accrued the Prior Year Written Dec. 31 of the	on Business Before	Received or the Current Business Before the Prior	Year on Written Dec. 31 of	Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
Risk Corridors	1	2	3	4	5	6	7	8		9	10
Program Year	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a. 2014											
Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	Α	\$	\$
Reserve for rate credits for policy experience rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	В	\$	\$
b. 2015											
Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	С	\$	\$
Reserve for rate credits for policy experience											
rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	D	\$	\$
c. 2016		•		•		•		•	•	•	-
Accrued retrospective premium	\$	s	\$	s	\$	s	\$	\$	Е	\$	\$
Reserve for rate credits or policy experience	T	7	7	7	7	7	7	7		7	17
rating refunds	\$	\$	\$	\$	\$	\$	\$	\$	F	\$	\$
d. Total for Risk	T	Ť	7	7	7	Ť	7	+	Ė	T	7
Corridors	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

24E(4)d (Columns 1 through 10) should equal 24E(3)c3 (Column 1 through 10 respectively)

A. B. C. D. E.

(5) ACA Risk Corridors Receivable as of Reporting Date

North tieft de made nederland bate								
		1	2	3	4	5	5	
		Estimated Amount	Non-Accrued		Asset Balance			
		to be Filed or Final	Amounts for		(Gross of			
F	Risk Corridors Program	Amount Filed with	Impairment or	Amounts Received	Non-Admissions)	Non-Admitted	Net Admitted Asset	
	Year	CMS	Other Reasons	from CMS	(1-2-3)	Amount	(4–5)	
a.	2014	\$	\$	\$	\$	\$	\$	
b.	2015	15,919,592	15,919,592					
C.	2016	19,022,136	19,022,136					
d.	Total (a+b+c)	\$ 34,941,728	\$ 34,941,728	\$	\$	\$	\$	

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9)

24E(5)d (Column 6) should equal 24E(2)c1

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2018 were \$200,536,835. As of December 31, 2019, \$189,191,199 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now (\$6,641,340) as a

result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$17,986,976 favorable prior-year development since December 31, 2018 to December 31, 2019. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

12/31/2018 Reserves \$ 200,536,835 (includes Due and Unpaid)

2018 Claims paid in 2019 <u>(189,191,199)</u>

Adjusted Net Reserves \$ 11,345,636

2018 Remaining Reserves @ 12/31/2019 (6,641,340)

Favorable Development \$ 17,986,976

B. Information about Significant Changes in Methodologies and Assumptions

No significant change

Note 26 - Intercompany Pooling Arrangements

A. Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

Not Applicable

Lead Entity and all Affiliated Entities

NAIC Company Code

Pooling Percentage

B. Description of Lines and Types of Business Subject to the Pooling Agreement

Not Applicable

C. Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement

Not Applicable

D. Identification of all Pool Members that are Parties to Reinsurance Agreements with Non-Affiliated Reinsurers

Not Applicable

E. Explanation of Discrepancies Between Entries of Pooled Business

Not Applicable

F. Description of Intercompany Sharing

Not Applicable

G. Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

Not Applicable

Note 27 - Structured Settlements

Not Applicable

Note 28 - Health Care Receivables

A. Pharmaceutical Rebate Receivables

	Estimated Pharmacy	Pharmacy Rebates as	Actual Rebates	Actual Rebates	Actual Rebates	
	Rebates as Reported on	Billed or Otherwise	Received Within 90	Received Within 91 to	Received More than	
Quarter	Financial Statements	Confirmed	Days of Billing	180 Days of Billing	180 Days After Billing	
12/31/2019	\$ 25,638,813	\$ -	\$ -	\$ -	\$ -	
09/30/2019	\$ 24,980,478	\$ 25,638,813	\$ 16,595,199	\$ -	\$	
06/30/2019	\$ 23,562,257	\$ 24,980,478	\$ 15,943,387	\$ 4,788,051	\$	
03/31/2019	\$ 22,740,650	\$ 23,562,257	\$ 16,448,928	\$ 6,376,687	\$ 170,453	
	\$	\$	\$	\$	\$	
12/31/2018	\$ 22,272,587	\$ 22,740,650	\$ 18,899,391	\$ 6,350,985	\$ (8,157)	
09/30/2018	\$ 21,921,113	\$ 22,292,022	\$ 17,099,348	\$ 5,984,582	\$ 279,819	
06/30/2018	\$ 20,233,020	\$ 21,942,312	\$ 16,625,455	\$ 6,295,599	\$ (9,124)	
03/31/2018	\$ 19,992,215	\$ 20,445,915	\$ 16,282,897	\$ 6,166,496	\$ 22,749	
	\$	\$	\$	\$	\$	
12/31/2017	\$ 19,524,983	\$ 20,138,383	\$ 7,644,021	\$ 5,709,128	\$ 7,144,885	
09/30/2017	\$ 17,436,720	\$ 17,658,648	\$ 13,311,959	\$ 5,601,766	\$ 7,505,216	
06/30/2017	\$ 16,528,861	\$ 17,436,720	\$ 6,495,496	\$ 15,337,876	\$ 7,244,619	
03/31/2017	\$ 16,013,406	\$ 16,528,861	\$ 15,722,867	\$ 3,931,115	\$ 9,598,618	

NOTES TO FINANCIAL STATEMENTS

The Company has no risk sharing receivables as of December 31, 2019.

		Risk Sharing	Risk Sharing			Actual Risk	Actual Risk	Actual Risk	Actual Risk
	Evaluation	Receivable as	Receivable as		Risk Sharing	Sharing Amounts	Sharing Amounts	Sharing Amounts	Sharing Amounts
Calenda	Period Year	Estimated in the	Estimated in the	Risk Sharing	Receivable Not	Received in Year	Received First	Received Second	Received
Year	Ending	Prior Year	Current Year	Receivable Billed	Yet Billed	Billed	Year Subsequent	Year Subsequent	All Other
0	0	\$	\$	\$	\$	\$	\$	\$	\$

Note 29 - Participating Policies

The Company has no participating contracts.

Note 30 - Premium Deficiency Reserves

The Company did not have any premium deficiency reserves as of December 31, 2019.

1. Liability carried for premium deficiency reserve: \$0

2. Date of most recent evaluation of this liability: December 31, 2019

3. Was anticipated investment income utilized in the calculation? Yes [X] No []

Note 31 - Anticipated Salvage and Subrogation

Anticipated Salvage and Subrogation included as a reduction to Loss Reserves and Loss Adjustment Reserves as reported in the Underwriting and Investment Exhibit and Page 3 – Liabilities, Capital and Surplus, Line1. This disclosure is presented by annual statement line of business. Amounts presented are as of December 31 of the prior year and December 31 of the year for which this annual statement is being filed.

Line of Business Accident and Health	Year Incurred	De	cember 31 2019	December 31 2018		
	2015	\$	975	\$	(8,838)	
	2016	\$	5,050	\$	20,067	
	2017	\$	11,013	\$	152,147	
	2018	\$	61,196	\$	181,437	
	2019	\$	5,026			
	Total	\$	83,259	\$	344,813	

Statement as of December 31, 2019 of the USAble Mutual Insurance Company **GENERAL INTERROGATORIES**

PART 1 - COMMON INTERROGATORIES

GENERAL								
.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1, 1A and 2.	Yes[X] No[]						
.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company							

official of similar to System I	yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory ficial of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially milar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company ystem Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements ubstantially similar to those required by such Act and regulations?								
State reg	gulating? <u>ARKANSAS</u>								
	porting entity publicly traded or a member of publicly traded group?			Yes [] No [X				
	ponse to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.								
reporting	•			Yes [] No [X				
•	atte of change:								
	of what date the latest financial examination of the reporting entity was made or is being made.			12/31/2	015				
This date	e as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. e should be the date of the examined balance sheet and not the date the report was completed or released.			12/31/2	015				
the repo	of what date the latest financial examination report became available to other states or the public from either the state of domicile or ting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet)		04/28/2017						
<u>Árkansa</u>	department or departments? s Insurance Department								
statemer	financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial at filed with departments?		Yes[]	No[]	-				
	of the recommendations within the latest financial examination report been complied with?		res[X]	No [] N/A [
thereof u	ne period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any cor under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substant an 20 percent of any major line of business measured on direct premiums) of:								
4.11	sales of new business?			Yes [] No [X				
4.12	renewals?			Yes [] No [X				
	ne period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliat credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premi								
4.21	sales of new business?			Yes [] No [X				
4.22	renewals?			Yes [] No [X				
Has the	reporting entity been a party to a merger or consolidation during the period covered by this statement?			Yes [] No [X				
	Name of Entity		Con	AIC npany ode	State of Domicile				
by any g	reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended overnmental entity during the reporting period? ve full information:	or revoked		Yes [] No [X				
Does an	y foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?			Yes [] No [X				
7.21	State the percentage of foreign control				%				
7.22	State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager of attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).	or							
	1 Nationality T	2 ype of Entity							
Is the co	mpany a subsidiary of a bank holding company regulated with the Federal Reserve Board?			Yes [] No [X				
	se to 8.1 is yes, please identify the name of the bank holding company.			•					
If the res	mpany affiliated with one or more banks, thrifts or securities firms? ponse to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a y services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit ion (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.			Yes [] No [X				
	1 2 Affiliate Name Location (City, State)	3 FRB	4 OC	5 C FD					
	Anniale Ivanie Lucation (City, State)	FRB	000	, LD	O JEU				
	the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? P Little Rock, Arkansas			1	<u> </u>				
Has the	insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant red in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regula			Yes [] No [X				
If the res	ponse to 10.1 is yes, provide information related to this exemption:								

- Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 10.3
- If the response to 10.3 is yes, provide information related to this exemption: 10.4

Yes[] No[X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.5	Has the reporting entity established an Audit Co	ommittee in compliance with the domiciliary state insu	urance laws?	res[X]	No []	N/A []			
10.6	If the response to 10.5 is no or n/a, please expla	ain:							
11.	of the individual providing the statement of actual		ant associated with an actuarial consulting firm) eld 601 Gaines Street, Little Rock, AR 72201 601 Gair	nes					
40.4	Street, Little Rock, AR 72201	·		_					
12.1	Does the reporting entity own any securities of a 12.11 Name of real estate holding compan	a real estate holding company or otherwise hold real	estate indirectly?		Yes []	No [X]			
	12.12 Number of parcels involved	,				0			
	12.13 Total book/adjusted carrying value			\$		0			
12.2	If yes, provide explanation								
13. 13.1	FOR UNITED STATES BRANCHES OF ALIEN What changes have been made during the year	REPORTING ENTITIES ONLY: in the United States manager or the United States to	rustees of the reporting entity?						
13.2	Does this statement contain all business transactions	cted for the reporting entity through its United States	Branch on risks wherever located?		Yes[]	No []			
13.3	Have there been any changes made to any of the	ne trust indentures during the year?			Yes []	No []			
13.4	If answer to (13.3) is yes, has the domiciliary or			Yes[]	No []	N/A []			
14.1		er, principal financial officer, principal accounting officer de of ethics, which includes the following standards?	er or controller, or persons performing similar		Yes [X]	No []			
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;								
	(c) Compliance with applicable governme(d) The prompt internal reporting of violati	ntal laws, rules and regulations; ons to an appropriate person or persons identified in	the code: and						
	(e) Accountability for adherence to the coo		and doub, and						
14.11	If the response to 14.1 is no, please explain:								
14.2	Has the code of ethics for senior managers bee	n amended?			Yes []	No [X]			
14.21	If the response to 14.2 is yes, provide information								
14.3	Have any provisions of the code of ethics been	waived for any of the specified officers?			Yes []	No [X]			
14.31	If the response to 14.3 is yes, provide the nature	• •			. 50 []	[]			
15.1	Is the reporting entity the heneficiary of a Letter	of Credit that is unrelated to reinsurance where the i	esuing or confirming bank is not on the SVO						
13.1	Bank List?	or credit that is difference to refind table where the i	ssuing of committing bank is not on the 3vo		Yes[]	No [X]			
15.2	If the response to 15.1 is yes, indicate the Amer the Letter of Credit and describe the circumstan	ican Bankers Association (ABA) Routing Number an ces in which the Letter of Credit is triggered.	d the name of the issuing or confirming bank of						
	1	2	3		4				
	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit		Amount				
				\$					
		BOARD OF DIRECT	ORS						
16.		reporting entity passed upon either by the Board of I			Yes [X]	No []			
17. 18.		anent record of the proceedings of its Board of Directors or trustees			Yes [X]	No []			
10.		nsible employees that is in conflict or is likely to confl			Yes [X]	No []			
		FINANCIAL							
19.	Has this statement been prepared using a basis	s of accounting other than Statutory Accounting Prince	ciples (e.g., Generally Accepted Accounting Principles)?		Yes[]	No [X]			
20.1	• , ,	of Separate Accounts, exclusive of policy loans):				0			
	20.11 To directors or other officers			•		0			
	20.12 To stockholders not officers			\$ \$		Λ			
20.2	20.12 To stockholders not officers20.13 Trustees, supreme or grand (Fratern	ial only)		\$ \$ \$		0			
	20.13 Trustees, supreme or grand (Fratern	al only) year (inclusive of Separate Accounts, exclusive of p	olicy loans):	\$					
	20.13 Trustees, supreme or grand (Fratern	**	olicy loans):	\$					
	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers	year (inclusive of Separate Accounts, exclusive of p	olicy loans):	\$		0 0			
21 1	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern	year (inclusive of Separate Accounts, exclusive of p		\$		0			
21.1	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement?	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior inclusive of posterior incl		\$	Yes[]	0 0			
21.1 21.2	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior inclusive of posterior incl		\$ \$	Yes []	0 0 0 0 No[X]			
	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement?	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior inclusive of posterior incl		\$	Yes[]	0 0 0 0			
	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior inclusive of posterior incl		\$ \$	Yes[]	0 0 0 0 0 No[X]			
	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others 21.22 Borrowed from others	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior inclusive of posterior incl		\$ \$	Yes[]	0 0 0 0 No[X]			
	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other Does this statement include payments for assess	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior inclusive of posterior incl	party without the liability for such obligation	\$ \$ \$ \$ \$ \$ \$		0 0 0 0 No[X] 0 0			
21.2	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other	year (inclusive of Separate Accounts, exclusive of posterior in the posterior inclusive of Separate Accounts, exclusive of posterior including the pos	party without the liability for such obligation	\$ \$ \$ \$ \$ \$ \$	Yes[]	0 0 0 0 No[X] 0 0			
21.2	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other Does this statement include payments for asses guaranty association assessments?	year (inclusive of Separate Accounts, exclusive of pure point of the current year:	party without the liability for such obligation	\$ \$ \$ \$ \$ \$ \$	Yes [X]	0 0 0 0 No[X] 0 0			
21.2	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other Does this statement include payments for asses guaranty association assessments? If answer is yes: 22.21 Amount paid as losses or risk adjust 22.22 Amount paid as expenses	year (inclusive of Separate Accounts, exclusive of pure point of the current year:	party without the liability for such obligation	\$ \$ \$ \$ \$ \$ \$	Yes [X]	0 0 0 No [X] 0 0 0 No []			
21.2	20.13 Trustees, supreme or grand (Fratern Total amount of loans outstanding at the end of 20.21 To directors or other officers 20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fratern Were any assets reported in this statement subjbeing reporting in the statement? If yes, state the amount thereof at December 31 21.21 Rented from others 21.22 Borrowed from others 21.23 Leased from others 21.24 Other Does this statement include payments for asses guaranty association assessments? If answer is yes: 22.21 Amount paid as losses or risk adjust 22.22 Amount paid as expenses Other amounts paid	year (inclusive of Separate Accounts, exclusive of pure point of the current year:	party without the liability for such obligation octions other than guaranty fund or	\$ \$ \$ \$ \$ \$ \$ \$	Yes [X]	0 0 0 0 No [X] 0 0 0 0 No []			

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

23.2	ii yes, iii	dicate any amounts receivable from parent included	in the Page 2 amount.		φ		
			INVESTMENT				
24.01	Were all in the ac	the stocks, bonds and other securities owned Decertual possession of the reporting entity on said date (or	nber 31 of current year, over which the reportin other than securities lending programs address	g entity has exclusive control, ed in 24.03)?		Yes[X]	No []
24.02	If no, giv	e full and complete information, relating thereto:					
24.03		urity lending programs, provide a description of the pr Il is carried on or off-balance sheet (an alternative is t					
24.04	Does the	e company's security lending program meet the requi	rements for a conforming program as outlined	in the Risk-Based Capital Instructions?	Yes[]	No []	N/A [X]
24.05	If answe	er to 24.04 is yes, report amount of collateral for conf	orming programs.		\$		0
24.06	If answe	er to 24.04 is no, report amount of collateral for other	programs		\$		0
24.07		ur securities lending program require 102% (domesti	c securities) and 105% (foreign securities) from	n the counterparty at the outset	Vacli	No f 1	NI/A T V 1
24.08	of the co	ontract? e reporting entity non-admit when the collateral receiv	and from the counterparty falls helpy 100%?		Yes[] Yes[]	No [] No []	N/A [X] N/A [X]
24.09.		e reporting entity or the reporting entity's securities le	• •	ng Agreement (MSLA) to	165[]	NO[]	IN/A[A]
		securities lending?		· · · · · · · · · · · · · · · · · · ·	Yes []	No []	N/A [X]
24.10		reporting entity's security lending program, state the a	_	he current year:			
		Total fair value of reinvested collateral assets reporte	•		\$		0
		Total book adjusted/carrying value of reinvested coll		and 2:	\$		0
05.4		Total payable for securities lending reported on the I	,, ,		\$		0
25.1	of the re	y of the stocks, bonds or other assets of the reporting porting entity or has the reporting entity sold or transi s subject to Interrogatory 21.1 and 24.03.)				Yes[X]	No []
25.2	If yes, sta	ate the amount thereof at December 31 of the curren	t year:				
	25.21	Subject to repurchase agreements			\$		0
	25.22	Subject to reverse repurchase agreements			\$		0
	25.23	Subject to dollar repurchase agreements			\$		0
	25.24	Subject to reverse dollar repurchase agreements			\$		0
	25.25	Placed under option agreements			\$		0
	25.26	Letter stock or securities restricted as sale – exclud	ng FHLB Capital Stock		\$		0
	25.27	FHLB Capital Stock			\$		
	25.28	On deposit with states			\$	1	49,036
	25.29	On deposit with other regulatory bodies			\$		0
	25.30	Pledged as collateral – excluding collateral pledged			\$		0
	25.31	Pledged as collateral to FHLB – including assets ba	cking funding agreements		\$		0
05.0	25.32	Other			\$	1(06,500
25.3	For cate	gory (25.26) provide the following:		2		3	
		Nature of Restriction	Des	2 cription		Amount	į
					\$		
26.1	Does the	e reporting entity have any hedging transactions repo	rted on Schedule DB?			Yes[]	No[X]
26.2		as a comprehensive description of the hedging prograch a description with this statement.	am been made available to the domiciliary state	e?	Yes[]	No []	N/A [X]
Lines 2	6.3 throug	gh 26.5: FOR LIFE/FRATERNAL REPORTING EN	TITIES ONLY:				
26.3	Does the	e reporting entity utilize derivatives to hedge variable	annuity guarantees subject to fluctuations as a	results of interest rate sensitivity?		Yes[]	No []
26.4		sponse to 26.3 is yes, does the reporting entity utilize					
		Special accounting provision of SSAP No. 108				Yes []	No []
		Permitted accounting practice				Yes []	No []
06 E	26.43	Other accounting guidance	counting provisions of CCAD No. 100 the reason	ting optity attends to the following.		Yes []	No[]
26.5		onding yes to 26.41 regarding utilizing the special acc ne reporting entity has obtained explicit approval from		ting entity attests to the following.		Yes []	No []
		edging strategy subject to the special accounting pro-	•	M-21.			
		ctuarial certification has been obtained which indicate					
		serves and provides the impact of the hedging strate	••	•			
	Не	nancial Officer Certification has been obtained which edging Strategy within VM-21 and the Clearly Defined tual day-to-day risk mitigation efforts.					
27.1	Were an	y preferred stocks or bonds owned as of December 3	31 of the current year mandatorily convertible in	nto equity, or, at the option of the issuer,			
		ple into equity?				Yes[]	No [X]
27.2	•	ate the amount thereof at December 31 of the currer	•		\$		0
28.		g items in Schedule E-Part 3-Special Deposits, real of vaults or safety deposit boxes, were all stocks, bonds					
	custodia	I agreement with a qualified bank or trust company ir	accordance with Section 1, III - General Exam	nination Considerations, F. Outsourcing		v	N
		al Functions, Custodial or Safekeeping Agreements of				Yes [X]	No []
	28.01	For agreements that comply with the requirements of	n ule INAIO FIITANCIAI CONDILION EXAMINETS HAI	ndbook, complete the following:			
		Name of Cus	todian(s)	Custodian's Ac	Idress		
	28.02	For all agreements that do not comply with the requ location and a complete explanation	rements of the NAIC Financial Condition Exan	niners Handbook, provide the name,			

29.1

29.2

29.3

30.

30.4

31.1 31.2

31.3

32.1

32.2

33.

Statement as of December 31, 2019 of the USAble Mutual Insurance Company **GENERAL INTERROGATORIES**

			PART	1 - C		INTERROG <i>A</i>	TOF	RIES							
		1 Name(s)			2 Location	n(s)				Complete E	3 Explanat	ion(s)			
20.02	Llava thara b	non any shangaa inglyding nama	shanasa i	n th o ou	rata dia n/a) ida	ntified in 20 01 d	urina 41	a aumant va	ar?					1 No IV	
		een any changes, including name Il and complete information relatin	•	n the cu	istodian(s) ide	entified in 28.01 d	uring ti	ie current ye	ar?				Yes [] No[X]	
	, , , , , , , , , , , , , , , , , , , ,	1 Old Custodian			2 New Custodian				Date	3 e of Change		4 Reas			
t	to make inves	anagement – Identify all investme stment decisions on behalf of the n "that have access to the invest	eporting er	ntity. Fo	or assets that a	are managed into									
	Farm dation	Description Management	Na	me of F	1 irm or Individu	ual						2 Affiliation			
		Resource Management										U U		-	
	Gray D. Dill	al Management Inc.										<u> </u>			
		Asset Management, LP										<u>'</u> U			
	Barings, LL	-										U			
		stment Management Company LL	C.									U			
		those firms/individuals listed in the		Duestion	28.05 do an	v firms/individual	s unaff	iliated with th	e renoi	rting entity		0			
28.06 I	28.0598 For the t	designated with a "U") manage m firms/individuals unaffiliated with the total assets under management ag ns or individuals listed in the table follow.	ne reportino ggregate to	g entity more t	(i.e. designate han 50% of th	ed with a "U") listence reporting entity	ed in th	sted assets?			ion		Yes [X Yes [X		
		1				2				3		4		5	
	Central R		Name of Firm or Individual Legal Entity Identi					al Entity Identif	ier (LEI)	Registere With	Ma ed A	nvestment anagement agreement IMA) Filed			
	116359	· · ·	Foundation	on Reso	ource Manage	ement				N/A	, ,	SEC		NO	
	104973		Wells Ca	pital Ma	nagement Inc	С.			543	00B3H2IOO2	L85190	SEC		NO	
	106006	Barings,	Barings, LLC ANDK				KRHQKPRRG 05	4Q2KLF	R SEC, CFTC, NE	-A	NO				
	108526		Martingal	gale Asset Management, LP					00GXM5ZGZJ			_	NO		
	104559		Pacific In	vestme	nt Manageme	ent Company LLC			54930	00KGPYQZX0 8	SMYYN:	3 SEC		NO	
Exchange If yes, cor	Commission	ity have any diversified mutual fun (SEC) in the Investment Compan lowing schedule:			ction 5 (b) (1)]	2	ording	to the Securi	ties and			Book/Ad	Yes [3 justed (Value		
												\$	value		
29.2999	TOTAL											\$			
		isted in the table above, complete	the following	ng sche	dule:							· ·			
	١	1 Name of Mutual Fund (from above table)			Nai	2 me of Significant of the Mutual F		g		Amount of M Book/Adjus Value Attrib	sted Car	rying o the		4 Valuation	
		,								\$					
Provide th	ne following ir	nformation for all short-term and lo	ng-term bo	nds and	d all preferred	stocks. Do not s	ubstitu	te amortized	value o	or statement v	alue for	fair value.			
						1			2			Excess of Sta Value (-), or	Fair Va	alue over	
						nt (Admitted) Val			Fair \			State	ment (
30.1	Bonds										16	,309,512			
30.2 Preferred Stocks \$ 0 \$ 0 30.3 Totals \$ 644,418,037 \$ 660,727,549										0					
30.3	Totals	or methods utilized in determining t	ho foir val	100:	\$	644,418	037	\$		660,727,549	9 \$		16	,309,512	
Fair valu	e pricing obta plicable, from	ained, where applicable from mark the NAIC Valuation of Securities alculate fair value determined by a	ket prices p database, f	provided for asse	ets not priced b	by US Bank.		•	stodian	for investmer	nt asse		Yes [X	(] No[]	
If the ans	wer to 31.1 is	yes, does the reporting entity have custodians used as a pricing sour	e a copy o		•				ectronic	С			Yes [X		
		no, describe the reporting entity's for Schedule D:	process fo	or deterr	mining a reliab	ole pricing source	for pu	rposes of							

Yes[X] No[]

Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security a. is not available.
- Issuer or obligor is current on all contracted interest and principal payments. b.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

- By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 - The security was purchased prior to January 1, 2018.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. b.
 - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is C. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - Ч The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

- By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund: 35.
 - The shares were purchased prior to January 1, 2019.
 - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. b.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to
 - d The fund only or predominantly holds bonds in its portfolio.
 - The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP e. in its legal capacity as an NRSRO.
 - The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[] No[X]

OTHER

36 1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? 3,976,707

1,103,089

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement

1	2
Name	Amount Paid
BlueCross BlueShield Assocation	\$ 3,206,629

37.1 Amount of payments for legal expenses, if any?

36.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal 37.2 expenses during the period covered by this statement.

1	2
Name	Amount Paid
Foley & Lardner LLP	\$ 329,914

- 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?
- 580,536
- 38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement

1	2
Name	Amount Paid
BlueCross BlueShield Assocation	\$ 219,801

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does th	he reporting entity have any direct Medicare	e Supplement Insurar	nce in force?				Yes [X]	No []
1.2	If yes, i	indicate premium earned on U.S. business	only.				\$	263	3,502,266
1.3	What p	portion of Item (1.2) is not reported on the M	ledicare Supplement	Insurance Experience Exhibit?			\$		0
	1.31	Reason for excluding:							
1.4	Indica	ate amount of earned premium attributable t	o Canadian and/or O	ther Alien not included in Item ((1.2) above.		\$		0
1.5		ate total incurred claims on all Medicare Sup			` '		\$	218,	,169,593
1.6		ual policies:					-		<u> </u>
	Most c	urrent three years:							
	1.61	Total premium earned					\$	37	,445,607
	1.62	Total incurred claims					\$	31	,421,647
	1.63	Number of covered lives							25,240
	All yea	rs prior to most current three years:							
	1.64	Total premium earned					\$	226	,056,659
	1.65	Total incurred claims					\$	186	,747,946
	1.66	Number of covered lives							93,141
1.7	Group	policies:							
	Most co	urrent three years:							
	1.71	Total premium earned					\$		0
	1.72	Total incurred claims					\$		0
	1.73	Number of covered lives							0
	All yea	irs prior to most current three years:					-		
	1.74	Total premium earned					\$		0
	1.75	Total incurred claims					\$		0
	1.76	Number of covered lives							0
2.	Health	Test:							
				1		2			
	0.4	December Newscartes	f	Current Year	¢.	Prior Year			
	2.1	Premium Numerator	\$	2,389,476,420	\$	2,481,886,532			
	2.2	Premium Denominator	\$	2,389,476,420	\$	2,481,886,532			
	2.3	Premium Ratio (2.1/2.2)		100.0%		100.0%			
	2.4	Reserve Numerator	\$	319,615,570	\$	337,404,076			
	2.5	Reserve Denominator	\$	319,615,570	\$	339,251,436			
	2.6	Reserve Ratio (2.4/2.5)		100.0%	. —	99.5%			
3.1		e reporting entity received any endowment if the earnings of the reporting entity permi		g hospitals, physicians, dentists	s, or others that is	s agreed will be returned when,		Yes[]	No [X]
3.2	If yes,	give particulars:							
4.1		copies of all agreements stating the period a	and nature of hospital	s', physicians', and dentists' car	re offered to subs	cribers and dependents been			
4.0		ith the appropriate regulatory agency?		\ D #				Yes [X]	No[]
4.2		previously filed, furnish herewith a copy(ies)). Do these agreements include	additional benefi	its offered?		Yes[]	No [X]
5.1		he reporting entity have stop-loss reinsuran	ce?					Yes[]	No [X]
5.2	If no, e	explain:							
5.3	Maximi	um retained risk (see instructions)							
	5.31	Comprehensive Medical					\$		0
	5.32	Medical Only					\$		0
	5.33	Medicare Supplement					\$		0
	5.34	Dental and Vision					\$		0
	5.35	Other Limited Benefit Plan					\$		0
							T		
	5.36	Other					\$		0

7.1

Statement as of December 31, 2019 of the USAble Mutual Insurance Company

Does the reporting entity set up its claim liability for provider services on a service date basis?

GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

Yes[X] No[]

7.2	If no, give details							
8.	Provide the following information regarding participating provide	ers:						
	8.1 Number of providers at start of reporting year							18,605
	8.2 Number of providers at end of reporting year							18,930
9.1	Does the reporting entity have business subject to premium rate	e guarantees?					Yes []	No[X]
9.2	If yes, direct premium earned:							
	9.21 Business with rate guarantees with rate guarantees bet	ween 15-36 months	3			\$		0
	9.22 Business with rate guarantees over 36 months					\$		0
10.1	Does the reporting entity have Incentive Pool, Withhold or Bonu	ıs Arrangements in	its provider co	ntracts?			Yes [X]	No []
10.2	If yes:							
	10.21 Maximum amount payable bonuses						2,6	89,457
	10.22 Amount actually paid for year bonuses						22,4	50,586
	10.23 Maximum amount payable withholds							0
	10.24 Amount actually paid for year withholds							0
11.1	Is the reporting entity organized as:							
	11.12 A Medical Group/Staff Model,						Yes []	No[X]
	11.13 An Individual Practice Association (IPA), or,						Yes[]	No [X]
	11.14 A Mixed Model (combination of above)?						Yes[]	No [X]
11.2	Is the reporting entity subject to Statutory Minimum Capital and	Surplus Requireme	ents?				Yes [X]	No []
	11.3 If yes, show the name of the state requiring such minin Arkansas	mum capital and su	rplus.					
	11.4 If yes, show the amount required.					\$	7:	50.000
11.5	Is this amount included as part of a contingency reserve in stoc	kholder's equity?				<u>·</u>	Yes []	No [X]
11.6	If the amount is calculated, show the calculation	. ,						
12.	List service areas in which reporting entity is licensed to operate 1 Name of Service Area State of Arkansas	e: 						
	State of Texas							
13.1	Do you act as a custodian for health savings accounts?						Yes[]	No[X]
13.2	If yes, please provide the amount of custodial funds held as of	he reporting date.				\$		0
13.3	Do you act as an administrator for health savings accounts?						Yes[]	No[X]
13.4	If yes, please provide the balance of the funds administered as	of the reporting da	te.			\$		0
14.1	Are any of the captive affiliates reported on Schedule S, Part 3,	authorized reinsur	ers?			Yes [] No [X]	N/A []
14.2	If the answer to 14.1 is yes, please provide the following:							
	1	2	3	4		ets Supporting Reserve		
	Company	NAIC Company	Domiciliary	Reserve	5 Letters of	6 Trust	7	
	Name	Code 0	Jurisdiction	Credit \$	Credit \$	Agreements \$	Othe	r
		0		Ą	Ψ	Ψ	\$	
15.	Provide the following for individual ordinary life insurance* police	ies (U.S. business	only) for the cu	rrent year (prior to re	einsurance assumed or	ceded).		
	15.1 Direct Premium Written					\$		0
	15.2 Total Incurred Claims					\$		0
	15.3 Number of Covered Lives							0
	*Or	dinary Life Insura	nce Includes					
	Term (whether full underwriting	g, limited underwriti	ng, jet issue, "s	short form app")				
	Whole Life (whether full under	writing, limited unde	erwriting, jet iss	sue, "short form app	")			
	Variable Life (with or without s	econdary guarante	e)					
	Universal Life (with or without	secondary guarante	ee)					
	Variable Universal Life (with o	without secondary	guarantee)					
16.	Is the reporting entity licensed or charted, registered, qualified,	eligible or writing b	usiness in at le	ast two states?			Yes [X]	No []
16.1	If no, does the reporting entity assume reinsurance business th reporting entity?	at covers risks resid	ling in at least	one state other than	the state of domicile o	f the	Yes[]	No []

Statement as of December 31, 2019 of the USAble Mutual Insurance Company GENERAL INTERROGATORIES

PART 2 – HEALTH INTERROGATORIES

Statement as of December 31, 2019 of the USAble Mutual Insurance Company **FIVE-YEAR HISTORICAL DATA**

	1	2	3	4	5
	2019	2018	2017	2016	2015
Balance Sheet (Pages 2 and 3)					
Total admitted assets (Page 2, Line 28)					
2. Total liabilities (Page 3, Line 24)				780,915,031	
Statutory minimum capital and surplus requirement				500,000	
4. Total capital and surplus (Page 3, Line 33)	919,065,983	830,545,432	866,336,545	842,782,350	817,802,098
Income Statement (Page 4)					
5. Total revenues (Line 8)	2,394,999,635	2,480,226,100	2,523,712,982	2,466,711,993	2,239,651,009
6. Total medical and hospital expenses (Line 18)	1,959,147,139	2,009,095,022	2,216,931,381	2,172,445,035	1,909,694,390
7. Claims adjustment expenses (Line 20)	106,383,276	97,996,875	91,513,500	89,593,220	87,397,134
8. Total administrative expenses (Line 21)	264,507,096	388,768,746	208,983,349	243,499,179	226,645,938
9. Net underwriting gain (loss) (Line 24)	64,962,124	(13,472,612)	7,145,304	(29,623,227)	20,622,427
10. Net investment gain (loss) (Line 27)	46,045,927	36,447,109	24,162,696	17,488,063	8,512,007
11. Total other income (Lines 28 plus 29)	1,616,807	2,646,386	1,308,130	2,144,219	54,711
12. Net income or (loss) (Line 32)	84,545,585	(21,330,429)	30,666,365	(6,385,813)	4,265,332
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	77,990,236	138,467,700	(6,398,134)	14,314,223	12,274,499
Risk-Based Capital Analysis					
14. Total adjusted capital	919,065,983	830,545,432	866,336,545	842,782,350	817,802,098
15. Authorized control level risk-based capital	125,188,323	104,849,670	103,665,567	97,623,185	87,713,627
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	617,680	618,679	665,312	667,690	646,607
17. Total member months (Column 6, Line 7)	7,437,192	7,739,589	8,147,024	7,992,408	7,868,278
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Line 18 plus Line 19).	81.8	81.0	87.8	88.1	85.3
20. Cost containment expenses		0.5	0.3	0.1	0.1
21. Other claims adjustment expenses	3.6	3.5	3.3	3.6	3.9
22. Total underwriting deductions (Line 23)	97.3	100.5	99.7	101.2	99.1
23. Total underwriting gain (loss) (Line 24)	2.7	(0.5)	0.3	(1.2)	0.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	188,981,040	173,881,265	190,239,124	165,424,003	152,601,922
25. Estimated liability of unpaid claims - [prior year (Line 13, Col. 6)]	206,900,568	229,441,942	252,867,092	215,906,819	207,562,965
Investments in Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch D. Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch D. Summary, Line 24, Col. 1)	381,496,941	169,735,848	167,411,928	158,297,966	153,302,313
29. Affiliated short-term investments (subtotal included in Sch. DA, Verification, Column 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated			94,978,028	86,068,544	79,826,804
32. Total of above Lines 26 to 31				244,366,510	233,129,117
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? If no, please explain:

Yes [] No []

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

Action A			1		7 tiloodtod k	by States and	Direct Busin	ness Only			
State Etc. State State State State State State State Sta				2	3	4	5	6	7	8	9
State, ENC. (a) Permuns Title XVIII Tide XXX Premiums Conditionations Permuns (2 Timough 1 Conditional August 1					Medicare	Medicaid	Health	Premiums and			Deposit- Type
2 Aleiska AK N		State, Etc.									Contracts
A Aranama	1.		N							0	
4. Arkanses. AR. L. 1,948,555,139	2.										
5. Celferinais C. A. M. C. Colorado. C.O. N	3.									-	
5. Colorodo C. CO. N. C. Connecitat C. CT. N. S. Colorodo C. C. Connecitat C. CT. N. S. Delator of Colorodo D. C. N. S. S. Colorodo D. C. S. Colorodo D. C. S. Colorodo D. C. S. Colorodo D. C. Color	4.			.1,946,555,159	103,345,935		287,744,539				
7. Cerrocitout. C.T. N	5.									-	
8. Delanera DE N. Delanera DE N. Delanera Delanera DE N. Delanera Columbia DC N. Delanera DE N.	6.										
9. Defict of Columbia										-	
10, Florida	8.										
1. Georgia GA N											
12 Hewaii.										-	
13 Iden										-	
14. Illinois.											
15. Irdiana											
										-	
17. Karsas KS N O O 18. Kerthcky KY N O O 19. Louisinan LA N O O 19. Louisinan LA N O O 20. Maine ME N O O 21. Maryand MO N O O 22. Massachusets MA N O O 23. Michigan MI N N O O 24. Minespota MN N N O O 25. Missespip MS N N O O 25. Missespip MS N O O 27. Montana MT N N O O 28. Nebraska NE M N O O 29. Nevoda NV N N O O 29. Nevoda NV N N O O 30. New Harpshile NH N O O 31. New Jersey N N N O O 40. New Jersey N N N O O 50. New Jersey N N N O O 50. North Dakota N N N O O											
20. Maine											
Maryland											
22 Massachusetts											
33		•								-	
Management Man											
S. Mississipp MS N.		_									
Restance Mortana Mor											
27. Montana										-	
28 Netraska NE N										•	
23											
10										-	
13											
12 New Mexico NM N.											
33. New York											
North Carolina. NC N										-	
15	34.										
36 Ohio. OH N.	35.										
Oklahoma	36.									-	
38. Oregon	37.									0	
	38.										
	39.									0	
11. South Carolina. SC N	40.									0	
12 South Dakota SD N	41.									0	
13. Tennessee	42.		N							0	
144 Texas	43.		N							0	
15	44.			9,139,953						9,139,953	
16. Vermont	45.										
147 Virginia	46.										
Washington	47.									0	
Solution	48.									0	
State Stat	49.									0	
52. American Samoa AS .N <td>50.</td> <td></td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td>	50.		N							0	
Signature Sign	51.		N							0	
54. Puerto Rico. PR N	52.		N							0	
St. U.S. Virgin Islands VI N.	53.									0	
56. Northern Mariana Islands. MP .N.	54.									0	
57. Canada CAN N. .	55.		N							0	
58. Aggregate Other alien OT XXX. 0 <t< td=""><td>56.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td></td></t<>	56.									0	
59. Subtotal	57.									0	
59. Subtotal	58.						0		-		
Employee Benefit Plans	59.		XXX	.1,955,695,112	103,345,935	0	287,744,539	0	0	2,346,785,586	
DETAILS OF WRITE-INS 001.	60.	Employee Benefit Plans									
001	61.	Total (Direct Business)	XXX	.1,955,695,112	103,345,935	0	287,744,539	0	0	2,346,785,586	
002.					DE		-INS				
003										0	
998. Summary of remaining write-ins for line 58										-	
										-	
999. Total (Lines 58001 through 58003 + 58998)									_	-	

level.

R - Registered - Non-domiciled RRGs	0
Q - Qualified - Qualified or accredited reinsurer	0
N - None of the above - Not allowed to write business in the state	55

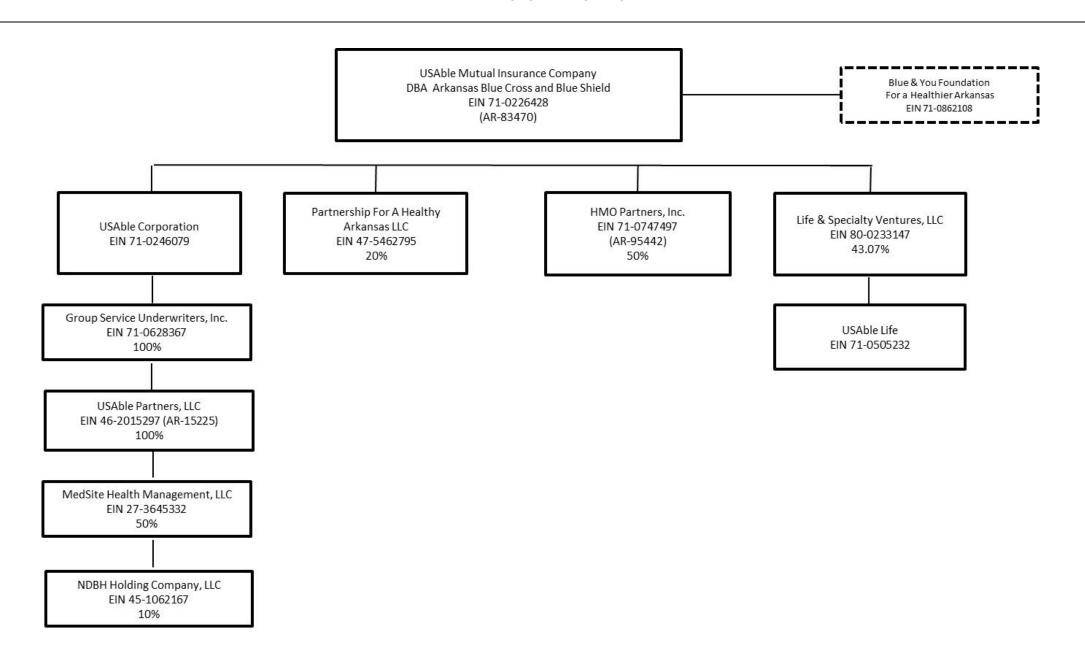
⁽a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.......

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

⁽b) Explanation of basis of allocation by states, premiums by state, etc.

Each state's premium is
recorded based on system
data at the group/individual



2019 ALPHABETICAL INDEX HEALTH ANNUAL STATEMENT BLANK

Assets Cash Flow 6 Schedule D - Note that the second sec	Verification Between Years SI1 Part A – Section 1 E1 Part A – Section 2 E1 Part A – Verification Between Years SI1 Part B – Section 1 E2 Part B – Section 2 E2 Part B – Verification Between Years SI1 Part C – Section 1 SI1 Part D – Section 2 SI1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification SI1 Part 1 E2
Cash Flow Exhibit 1 – Enrollment By Product Type for Health Business Only Exhibit 2 – Accident and Health Premiums Due and Unpaid Exhibit 3 – Health Care Receivables Exhibit 3 – Health Care Receivables Exhibit 3A – Health Care Receivables Collected and Accrued Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Net Investment Income Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Five-Year Historical Data 6 Schedule DA – Schedule DA – Schedule DA – Schedule DB – Schedule DL – Five-Year Historical Data	Part 1 E1 • Verification Between Years SI1 • Part A – Section 1 E1 • Part A – Verification Between Years SI1 • Part B – Section 1 E2 • Part B – Section 2 E2 • Part B – Verification Between Years SI1 • Part C – Section 1 SI1 • Part C – Section 2 SI1 • Part D – Section 1 E2 • Part D – Section 2 E2 • Part E E2 • Verification SI1 • Part I E2
Exhibit 1 – Enrollment By Product Type for Health Business Only Exhibit 2 – Accident and Health Premiums Due and Unpaid Exhibit 3 – Health Care Receivables Exhibit 3 – Health Care Receivables Exhibit 3A – Health Care Receivables Collected and Accrued Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Net Investment Income Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DL – Five-Year Historical Data	Verification Between Years SI1 Part A – Section 1 E1 Part A – Section 2 E1 Part A – Verification Between Years SI1 Part B – Section 1 E2 Part B – Section 2 E2 Part B – Verification Between Years SI1 Part C – Section 1 SI1 Part D – Section 2 SI1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification SI1 Part 1 E2
Exhibit 2 – Accident and Health Premiums Due and Unpaid Exhibit 3 – Health Care Receivables Exhibit 3A – Health Care Receivables Collected and Accrued Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Nonadmitted Assets Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DL – Five-Year Historical Data	Part A – Section 1 E1 Part A – Section 2 E1 Part A – Verification Between Years Sl1 Part B – Section 1 E2 Part B – Section 2 E2 Part B – Verification Between Years Sl1 Part C – Section 1 Sl1 Part C – Section 2 Sl1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification Sl1 Part 1 E2
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Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Net Investment Income Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DL – Five-Year Historical Data	Part B – Section 1 E2 Part B – Section 2 E2 Part B – Verification Between Years SI1 Part C – Section 1 SI1 Part C – Section 2 SI1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification SI1 Part 1 E2
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Net Investment Income Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DB – Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DL – Five-Year Historical Data	Part B – Section 2 E2 Part B – Verification Between Years SI1 Part C – Section 1 SI1 Part C – Section 2 SI1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification SI1 Part 1 E2
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Net Investment Income Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DB – Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DL – Five-Year Historical Data	Part B – Verification Between Years SI1 Part C – Section 1 SI1 Part C – Section 2 SI1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification SI1 Part 1 E2
Exhibit 7 – Part 1 – Summary of Transactions With Providers Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries Exhibit 8 – Furniture, Equipment and Supplies Owned Exhibit of Capital Gains (Losses) Exhibit of Net Investment Income Exhibit of Nonadmitted Assets Exhibit of Premiums, Enrollment and Utilization (State Page) Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DB – Exhibit of Premiums, Enrollment and Utilization (State Page) Schedule DL – Five-Year Historical Data	Part C – Section 1 SI1 Part C – Section 2 SI1 Part D – Section 1 E2 Part D – Section 2 E2 Part E E2 Verification SI1 Part 1 E2
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